

## Learn to Dive 2010 Registration Form

Name (s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please check one:  NSJ Member  NSJ Wait List Member

**Session Fee: \*** \$48.00 Member \$78.00 Wait List Member

\*Fees are non-refundable

### Session Week: Circle one

**Session 1:** June 28th - July 2nd (M-F) 11:50 a.m. -12:20 p.m. with Coach Mo

**Session 2:** July 6th - July 9th (T-F) 11:50 a.m. -12:30 p.m. with Coach Josh  
(4-day session due to holiday, class time extended 10 minutes per day)

**Session 3:** July 12th - July 16th (M-F) 6:45 p.m.-7:15 p.m. with Coach Kellie

**Session 4:** July 19th - July 23rd (M-F) 11:50 a.m. - 12:20 p.m. with Coach Mo

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Make checks payable to: North St. Johns Swim & Tennis Club

### Waiver, Release, Assumption of Risk

I understand that my participation in the Learn to Dive program involves risks and dangers of serious and permanent bodily injury and/or death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue North St. Johns Swim Club, its respective administrators, directors, officers, employees, coaches, other participants, volunteers, sponsors, advertisers, owners/lessors of premises for any and all liability, including all acts of active or passive negligence, from my participation in this activity.

\_\_\_\_\_  
Signature of Athlete (if over 18) or Parent/Guardian

Mail registration to: (or drop off at pool gatehouse)

Clair Wise

9302 Michaels Way

Ellicott City, MD 21042