

KATE KUHNS AQUATIC CENTER SWIM LESSON REGISTRATION FORM

COST: \$60 PER CHILD: 10 lessons 2 weeks each

LESSON TIMES: L1 8-8:45 L2 8:45-9:30 L3 9:30-10:15

**LESSON DATES: JUNE 4/15 JUNE 18/29 JULY 2/13
JULY 16/27**

NAME: _____ AGE: _____ SEX: _____ SKILL LEVEL: _____

ADDRESS: _____ PHONE: _____

AMOUNT PAID: \$ _____

I HEREBY GIVE MY CONSENT FOR _____ TO PARTICIPATE IN THE AQUATICS PROGRAM BEING CONDUCTED OR CO-SPONSERED BY THE KENAI PENINSULA BOROUGH SCHOOL DISTRICT, AND DECLARE THAT I WILL NOT HOLD RESPONSIBLE FOR ANY INJURIES, DAMAGE, OR PERSONAL LOSS INCURRED WHILE PARTICIPATING IN SAID PROGRAM. THE UNDERSIGNED, AND THE ABOVE NAMED PARTICIPANT ARE AWARE THAT ALL WATER SAFETY REGULATIONS, AND POSTED POOL RULES, ARE APPLICABLE TO THE AQUATICS PROGRAM, AND HEREBY AGREE TO COMPLY WITH SUCH REGULATIONS AND ALL DIRECTIONS OF INSTRUCTORS AND/OR OTHER PERSONNEL IN CHARGE OF THE PROGRAM.

SIGNED: _____ DATE: _____
PARENT OR GUARDIAN

****CUT-OFF AGE FOR LESSON PARTICIPANT IS 4 YEARS OLD.**

****PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE.**

****WE HAVE A NO REFUND POLICY.**