



# Cannonball Swim Registration Form



Please check class site: Portsmouth \_\_\_ Rye \_\_\_ Seabrook \_\_\_

[cannonballswim@comcast.net](mailto:cannonballswim@comcast.net) 603.502.9440 [www.CannonBallSwim.com](http://www.CannonBallSwim.com)

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Mailing Address (Street/PO Box) \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*Please circle the best # to contact you, and note the best times to reach you.*

Email Address (please print clearly): \_\_\_\_\_

Does your child have any medical conditions: \_\_\_\_\_?

**Class Level** (please circle): **Parent & Child**, **Seahorse**, **Flounder**, **Penguin**, **Seal**, **Swordfish**, and **Stingray**

**Day & Time preferred (please fill in): 1st choice:** \_\_\_\_\_ **2nd choice:** \_\_\_\_\_

Fee is \$105.00 for six-week session for all classes. Payment is due at time of enrollment.

Make Checks payable to: **Cannonball Swim Lessons.**

Mail to: **Cannonball Swim Lessons PO Box 408 Exeter, NH 03833**

Note: Family discounts available. Save \$5.00 off each additional swimmer.

Enrollment is based on first come, first serve. Enroll early!

For refunds, notice must be given prior to second class in session.

-----**Parent/Guardian Release**-----

I, the legal parent/guardian of the above named swimmer, hereby give my permission for his/her participation in the Cannonball Swim Lesson Program. I do hereby release, absolve, and hold harmless CANNONBALL SWIM LESSONS, its directors, staff, facility and anyone connected with the programs. In The event of injury to the above named swimmer, I abide by all policies set forth by CANNONBALL SWIM LESSONS. I/We agree that neither, Cannonball Swim Lessons, staff, or volunteers are responsible for items lost, stolen or misplaced.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND HAVE SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only: Session:** Fall \_\_\_\_\_ to Summer \_\_\_\_\_ **Payment Type & Amount/Received By:**

Sept/Oct \_\_\_\_\_ Nov/Dec \_\_\_\_\_ Jan/Feb \_\_\_\_\_

March/April \_\_\_\_\_ May/June \_\_\_\_\_ July/Aug \_\_\_\_\_