



PO Box 408 Exeter, NH 03833
 603.502.9440
www.CannonballSwim.com

Registration Form

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Names: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Cell: _____

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

Email Address: _____

Allergies & Medical Conditions: _____

Please Indicate the Level, Day, Site, and Time:

Level: <i>Parent/Child</i> <i>Seahorse</i> <i>Flounder</i> <i>Seal</i> <i>Swordfish</i> <i>Stingray</i>	Day: <i>Monday</i> <i>Tuesday</i> <i>Wednesday</i> <i>Thursday</i> <i>Saturday</i>	Site: <i>Seabrook</i> <i>Portsmouth</i>	Time: <i>Please Print</i> _____
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Fee is \$125 per seven week session. Payment is due at time of enrollment. There is a family discount of \$5.00 off each additional swimmer. Checks payable to Cannonball Swim Lessons.
Notice must be given prior to second class for refunds.

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: _____

Payments: Sep/Oct _____, Nov/Dec _____, Jan/Feb _____,
 Mar/Apr _____, May/June _____, Jul/Aug _____