



Visit our website at: [Stingraysswimming.com](http://Stingraysswimming.com)

Lesson Coordinator: Andrew J. Baer 770-337-3796 –or- [swimbaer@comcast.net](mailto:swimbaer@comcast.net)

## SWIM LESSONS @ Pinetree Country Club

Name (First) \_\_\_\_\_ (Last)\_\_\_\_\_

D.O.B. \_ Age \_\_\_\_\_ Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Phone\* (H) \_\_\_\_\_ (C)\_\_\_\_\_

**\*Please indicate the primary contact number**

**Monday-Thursday (2 weeks @ \$83.00 for PCC Members)  
(2 weeks @ \$104.00 for Non-PCC Members)**

Please select one:

\_\_\_\_\_ June 1<sup>st</sup>-10<sup>th</sup>, 2010 (Tues-Fri, Mon-Thurs)

\_\_\_\_\_ June 28<sup>th</sup>-July 8<sup>th</sup>, 2010

\_\_\_\_\_ July 19<sup>th</sup>-29<sup>th</sup>, 2010

Please select one: (All classes are 30 minutes)

\_\_\_\_\_ 10:15-10:45 AM

\_\_\_\_\_ 11:00-11:30 AM

**\*PLEASE Mail to:**

**STINGRAYS SWIMMING**  
3023 High Vista Walk  
Woodstock, GA 30189

**If inclement weather, make up day is each Friday**

### Release of Liability

I, the undersigned parent or legal guardian of the minor child under 18 years of age named above, consent to my child participating in the Swim School and understand that my child will be engaged in physical activity during the Swim School which contains an inherent risk of physical injury. I represent to the best of my knowledge that my child is in good physical condition and is able to participate fully in Stingrays Swimming Swim School activities. I, for my child, and myself assume the risk and release, indemnify and hold harmless Stingrays Swimming, its directors, coaches and other employees. This specifically includes all persons employed or hired by Stingrays Swimming to conduct the Swim School, from any and all liability for personal injury or property damage arising out of my child's participation in the Swim School activities. I hereby grant permission for my child to attend the Swim School and to be treated by a licensed physician in the event of any injury, illness, or other accident, and/or to be transported to a medical facility for treatment. In Such event, I agree to be responsible for any costs associated with such treatment. Please list any physical condition of which the Swim School officials should be aware on a separate piece of paper and give to the on-site supervisor or the swim instructor prior to your child's first class.

I AGREE \_\_\_\_\_ (signature) Date: \_\_\_\_\_