

# Weekly Swim Clinic

Swim Clinic Dates: June 8th - August 14th, 2020



We are happy to announce that Martha Burns Swim School is joining our summer team again. As always with no levels swim lessons with a great teaching method to make proficient swimmers! Helping your child to respect and love the water. Sign up for the clinic time and length of swim lessons, either 30 or 60 minutes, pick which works best for you!



Please list Start Time in the corresponding clinic week . Thank you!

DATES	60-Minute Lesson: 4 lessons/week (Please put your choice of start time in space below.)	30-Minute Lessons: 4 lessons/week (Please put your choice of start time in space below.)
June 1-5		
June 8-12		
June 15-19		
June 22-26		
June 29-July 3		
July 6-10		
July 13-17		
July 20-24		
July 27-31		
August 3-7		
August 10-14		

	Member Price	Guest Price
60-Minute Weekly Clinic	\$170/week	\$255/week
30-Minute Weekly Clinic	\$100/week	\$150/week

Days/Times	Morning: (NO Tuesday morning clinics)	10:30am-12:30pm	Monday, Wednesday - Friday
		Afternoon/Evening: (NO Friday afternoon or evening clinics)	4:30-6:30pm

Please fill out separate forms for each swimmer with dates and time on other side!

# Weekly Swim Clinic



Charge to my member account

Pay by credit card (guest only)

Exp. Date: \_\_\_\_\_

#: \_\_\_\_\_

Visa / Mastercard / Discover / American Express

Pay by check - please make payable to **Medina Golf & Country Club**

Swimmer's Age: \_\_\_\_\_

Swimmer's Full Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Member Name: \_\_\_\_\_

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

Please Specify Special Needs: \_\_\_\_\_

Please Specify Health Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

By signing this waiver, I grant permission for my child to participate in MGCC's swim program. I release MARTHA BURNS SWIMMING SCHOOL, and its directors, officer, employees, and MEDINA GOLF & COUNTRY CLUB, and its directors, officer, employees, agents and Members from any and all causes of action, claims, damages, including consequential and incidental damages, and costs arising out of or resulting from any death, injury, or damage to property which I or my child may sustain as a result of or arising out of participation or arising out of the use of Clubs facilities. I agree to indemnify and reimburse MBSS and MGCC and its directors, officers, employees, agents and Member from any and all causes of action, claims, damages, including consequential and incidental damages, and costs arising out of or resulting from my child's participation and the use of the Clubs facilities. I am aware of the risks associated with participation in swim clinics and the use of Facilities and hereby accept and assume on behalf of myself or dependent child/children full responsibility from any and all such risks, including, without limitation, the need to check with a physician before participating. Please sign:

Parent or Guardian Signature: \_\_\_\_\_

I, above name, will allow my child to participate in the above swim clinic(s).

I will accept full liability for my child's action at the pool.

*Please fill out separate registration forms for each family members attending swim clinic(s). Signature indicates agreement to payment and refund terms.*