

**LUCIA MAR UNIFIED SCHOOL DISTRICT
2019 SUMMER SWIM PROGRAM – REGISTRATION FORM**

Arroyo Grande High School Pool

Nipomo High School Pool

Swimmer's First & Last Name: _____ Date of Birth: _____

Swimmer's Current School: _____ Grade Just Completed: _____ Age: _____

Parent/Guardian First & Last Name: _____ Cell Phone #: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Emergency Contact Info: _____

Swimmer's Skill Level: *(Circle one)* **1 2 3 4 5 6 7 Diving Swim Team**

Not sure of your child's skill level? Refer to the swimming level descriptions online at

<http://www.luciamarschools.org/summer-swim-program/>

Check only one SESSION DATE Below:	Time Choice #1	Time Choice #2
<input type="checkbox"/> 1 June 10– June 21		
<input type="checkbox"/> 2 June 24 – July 5 <i>(Closed July 4)</i>		
<input type="checkbox"/> 3 July 8 – July 19		
<input type="checkbox"/> 4 July 22 – August 2		

CLASS TIMES:

Levels 1-3 AGHS @ 10am, 11am, 12pm, 3pm, 4pm

Levels 1-3 NHS @ 10am, 11am, 12pm

Levels 4-7 AGHS/NHS @ 10am, 11am, 12pm, 1pm, 2pm

Diving AGHS @ 12pm, 1pm

Diving NHS @ 10am

Swim Team AGHS @ 3:30-4:30/5pm, 6/11/19 – 8/2/19

FULL PAYMENT OF \$165.00 IS DUE AT REGISTRATION. ALL REGISTRATIONS MUST BE DONE IN PERSON at either pool on MAY 17 from 5-6 p.m., MAY 18 from 9-11 a.m., MAY 31 from 5-6 p.m. or JUNE 1 from 9-11 a.m. Do not mail registration forms. Payment must be made by CASH or CHECK only. Checks should be made payable to LMUSD. We do not accept credit cards and no refunds of paid registrations will be given. *There is a maximum of 6 students per class. Registration is first come, first serve. Register early to make sure you get the session and times you want.*

PERMISSION AND LIABILITY RELEASE

The undersigned agrees to hold the Lucia Mar Unified School District and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this summer swim program may have some inherent risks, and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as a Medical Release. My signature indicates that I have read and understand this liability release.

Parent/Guardian Signature

Print Name

Date

For Office Use Only

**Lucia Mar Summer Swim Program
602 Orchard St, Arroyo Grande, CA 93420
(805) 709-4979 • bppasquini@gmail.com**

DATE RECEIVED: _____

BY: _____

AGHS Pool

NHS Pool

CHECK # _____

RECEIPT # _____

CASH _____