

Are there any allergies or medical concerns? If yes, please describe:

Please indicate Session and Lesson Times:

For each session, lessons will be provided by an American Red Cross certified Water Safety Instructor with an additional lifeguard on deck. As per the American Red Cross, the maximum number of students per instructor is 8.

9:00 am – 9:45 am	6 – 7 years old	
10:00 am – 10:45 am	8 – 10 years old	
11:00 am – 11:45 am	11+ years old	

Registration Forms with payment **MUST** be returned to the Community Education Office at the W.T. Hoag Educational Center. Registrations cannot be accepted over the phone.

Please return your registration form with payment quickly to reserve your space!

You may also register electronically at: <https://lakeshorecsd.revtrak.net/rw-community-education/>

Method of Payment: Check/Money Order # _____ Cash \$ _____ Total Fee Paid: \$ _____
Checks should be written to: Lake Shore Central Schools

I authorize Lake Shore Central School District to charge my MasterCard/Visa/AmEx/Discover credit card in the amount of \$50.00 for Swimming Lessons.

Credit Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: _____ Exp. Date _____ CVC# _____

Registrations with credit card payment may be faxed to 716-549-4391.



Please sign the Informed Consent Form

LAKE SHORE COMMUNITY EDUCATION WAIVER FORM

Lake Shore Central School District Informed Consent and Assumption of Risk Agreement: I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have completed the necessary paperwork for use of and participation in fitness room, track, and swimming activities and returned such to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of the fitness room equipment, track, and swimming pool and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other fitness room, track, or swimming pool users.

2. I understand that the nature of the supervision of the fitness room, track, and swimming pool provided by the District is general in nature, and the fitness center, track, and swimming pool supervisor is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.

3. I hereby acknowledge that my use of the District's fitness center, track, and swimming pool involves risk including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's fitness center, track, and swimming pool.

4. I hereby, release the Lake Shore Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents and assigns, for all claims (of any nature) relating to my use of the District's fitness center, track, and swimming pool, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

If user is under 18 years of age the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature/Registrant: _____

Date: _____

Signature/Parent: _____

Date: _____