

SEAL BEACH COMMUNITY SERVICES DEPARTMENT

211 Eighth Street, Seal Beach, CA 90740 MAIN OFFICE: (562) 431-2527 Ext. 1341 FAX: (562) 430-3498



Private Swim Lessons

Pool Location McGaugh School 1698 Bolsa Ave & Seal Beach Blvd (562) 430-9612

One Form Per Participant

Time: Please select 3 preferred times, days and instructor

First Choice	Second Choice	Third Choice
ay:	Day:	Day:
ime:	Time:	Time:
structor:	Instructor:	Instructor:
Parent Name:		
Participant Name:		
E-Mail:		
Address: Street	City	Zip
Home Phone #	Mobile #	
Emergency Contact:	Phone #	
and against any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees and court costs in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Seal Beach to photograph me or my child participating in this event or activity for advertising purposes for the City of Seal Beach and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.		
DATED:	SIGNATURE:(PARTICIPANT/PARENT OR G	UARDIAN)
MAKE CHECK PAYABLE TO CITY OF SEAL BEACH		
CHECK #: CASH VISA MASTERCARD (NO DEBIT CARDS) TOTAL CHARGED TO ACCT: \$ CARD # EXP. DATE SIGNATURE TOTAL CHARGED TO ACCT: \$		
TOTAL OTTALLED TO AGOT. \$\psi		