



# SEAL BEACH RECREATION AND COMMUNITY SERVICES

211 Eighth Street, Seal Beach, CA 90740

(562) 431-2527 ext. 1344



## PRIVATE SWIM LESSONS

### Pool Location

McGaugh School

1698 Bolsa Ave & Seal Beach Blvd

(562) 430-9612

**\$50 per hour**

**Time: Please select 3 preferred times, days and Instructor Name**

First Choice	Second Choice	Third Choice
Day: _____	Day: _____	Day: _____
Time: _____	Time: _____	Time: _____
Instructor: _____	Instructor: _____	Instructor: _____

Parent Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

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

### RELEASE AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Seal Beach, its officers, employees, agents and volunteers from 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 GUARDIAN)

METHOD OF PAYMENT	
MAKE CHECK PAYABLE TO CITY OF SEAL BEACH	
<input type="checkbox"/> CHECK #: _____	
<input type="checkbox"/> CASH	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD  (NO DEBIT CARDS) TOTAL CHARGED TO ACCT: \$ _____
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"/> <input type="text"/>	EXP. DATE <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
SIGNATURE _____	TOTAL CHARGED TO ACCT: \$ _____