



ADULT SWIMMING LESSONS REGISTRATION FORM

SWIMMERS NAME: _____

PHONE #'S: _____

EMAIL: _____

REFUNDS: No refunds. Coaches are hired based on this registration. As a participant in the Abaco Swim Club Program represented by this registration form, I agree to hold Long Bay School/Abaco Swim Club Program and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program.

SIGNATURE: _____ **DATE:** _____

**New Classes Beginning The first Wed of every month, at Long Bay School
Wed at 6:30-7:30**

**Cost: \$50 per month
Make cheques Payable to "Abaco Swim Club"**

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Office Only/Payment: \$ _____ # _____