



# Concourse Swim Club

Our Group Swim Lessons are designed for **3 to 5 year olds** at varying ability levels; from children who can swim short distances on their own to those who prefer to stay closer to the steps. **Young Swimmers Club will teach beginner swimmers the flutter kick, combined stroke for front crawl, elementary backstroke, deep water familiarity, treading water, front and back floats, and basic water safety skills.** All Young Swimmers will swim in the Indoor Heated Pool.

**Six 30 Minute Lessons**

**Fridays - 9:00a.m. to 10:00a.m.**

**Classes begin October 28<sup>th</sup>, 2011.**

**\$135 per child (no makeups)**

**Contact Katrin DeGree at (678) 469 4760 for more information.**

Registration form

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

AMT PAID \_\_\_\_\_ CK#/CHARGE# \_\_\_\_\_ MC/VISA/AMX

DATE OF EXPIRATION \_\_\_\_\_

CHARGE SIGNATURE \_\_\_\_\_

**EMERGENCY INFORMATION**

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_

MOTHER'S AND FATHER'S NAME \_\_\_\_\_

PERSON TO WHOM YOU AUTHORIZE CAC TO CONTACT IN THE EVENT OF AN EMERGENCY IN WHICH THE CHILD'S PARENTS OR GUARDIAN ARE UNAVAILABLE:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

**WAIVER AND RELEASE**

I hereby authorize the Concourse Athletic Club to act for me according to its best judgment in any emergency requiring medical attention and I hereby waive and release the facility from any and all liability for any injuries or illness incurred while my child participates in the camp.

Also, I know of no mental or physical problems that might affect this participant's ability to participate in the camp.

The Concourse Athletic Club reserves the right to revoke privileges without refund for any behavior deemed inappropriate and/or unnecessary.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Is your child a swimmer? \_\_\_\_\_

Are there any health issues or other special needs of this child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND BACK TO: Concourse Athletic Club**

**Attn: Katrin DeGree**

**8 Concourse Parkway**

**Atlanta, GA. 30328**

**Phone: (678) 469 4760**

**Fax: 770-698-2015**

# **The Chastain School Transportation Agreement**

I give The Chastain School (TCS) permission to transport my child \_\_\_\_\_ by mini bus, on Friday's from The Chastain School and drive them to **The Concourse Athletic Club** for swimming lessons. They will arrive at approximately 8:45a.m and return to TCS by 10:30am.

This is for the 2011 – 2012 school year.

In the event that my child is not to be transported at anytime, I agree to notify The Chastain School by 8:00 am of that day.

---

Parent Signature

---

Date

