



DEPARTMENT OF SPORTS

CAYMAN ISLANDS GOVERNMENT

LIONS AQUATIC CENTRE

Tel: (345) 949-8105 Fax: (345) 946-5533

Email: caymanswimschool@gmail.com

Swim School Swim School

REGISTRATION FORM

INTENSIVE SWIM COURSE

July 25 – 29 (Level 4 & Level 5)

This one week course is FREE of charge however numbers are limited and places will be allocated on a first come first serve basis. Each lesson will be 30mins and will be scheduled between 8.30am – 10.30am

IF UNABLE TO ATTEND A CLASS YOU MUST NOTIFY THE INSTRUCTOR

Swimmers Name _____ D.O.B. _____ (D/M/Y)

Parents Name _____

Telephone (H) _____ (W) _____ (C) _____

All booking confirmation and time allocation will be sent via email

Email _____

Please tick which level

Level 4 (swimmers that are still learning the strokes but can swim)

Level 5 (the start of competitive swimming)

PLEASE DISCLOSE ANY MEDICAL INFORMATION WE SHOULD BE AWARE OF:

I, _____ hereby give my consent and confirm that my child is in good physical condition which allows he/she to participate in this program voluntarily. I am aware that such participation may result in injury due to the nature of the said program and that I, the undersigned, waive and release all claims against the Cayman Islands Government, the Department of Sports and all staff or officials assisting at this camp. I further acknowledge that I am aware of the insurance policies that are available to me through private or institutional means. The signature below acknowledges that I have read and completed this form and that I am in agreement and understanding of this waiver.

SIGNATURE (Parent/Guardian if under 18 years) _____ **Date:** _____