

Aquatic Center Registration Form

Swim and Water Polo Lessons

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Phone number _ (____) _____ Email: _____

Male _____ Female _____ Level I _____ Level II _____ Level III _____

Water Polo _____ (recommend participant have deep water experience)

Age _____

Emergency Contact _____ Emergency Contact Number _ (____) _____

INDIVIDUAL CONTRACT

To the extent allowed by law, I _____ (Name), the undersigned or parent/legal guardian of the participant, shall hold harmless, indemnify, and defend the Student Union of San Jose State University, San Jose State University, the State of California, the Trustees of the California State University and their officers, employees, volunteers and agents of each from any kind of loss, liability, expense, claim, costs, suits and damages directly or indirectly arising from participation in the listed activity. The Student Union Inc. also reserves the right to remove participants from any program at its sole discretion. I also understand that participation in any activity can cause severe injury or death and I have taken care to enroll at the level to my/his/her physical abilities and/or medical conditions. I hereby grant permission to the Student Union Inc. to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors (under the age of 18.)

SESSION INFORMATION:

or family of \$70 FAC/STAFF or
\$75 Community \$80

STUD
FAMIL

Session I: June 1st-11th

- Swim Lesson
- Water Polo Lesson
- Monday & Wednesday
- Tuesday & Thursday

Time: _____
Instructor: _____

Session III: July 6th-16th

- Swim Lesson
- Water Polo Lesson
- Monday & Wednesday
- Tuesday & Thursday

Time: _____
Instructor: _____

Session II: June 15th-25th

- Swim Lesson
- Water Polo Lesson
- Monday & Wednesday
- Tuesday & Thursday

Time: _____
Instructor: _____

Session IV: July 20th-30th

- Swim Lesson
- Water Polo Lesson
- Monday & Wednesday
- Tuesday & Thursday

Time: _____
Instructor: _____

SINGLE LESSON SESSION

30 minute Instruction
STUDENT: \$18
FAC/STAFF: \$20
Community: \$25

Date: _____

Time: _____

Instructor: _____

* Registration available June 1st

Walk in Registration Only May 5th 10am-4pm.

We will take fax and phone registrations starting May 6th with credit card payment only.

- Session consist of four 25 minute private lessons.
- Ages 3 and up. Adult lessons are available.
- The Aquatic Center cannot guarantee the availability of a requested instructor.
- A parent or guardian is limited to register up to two other families.
- Make-ups will not be given for a participant missing class.

Office Use Only:

Total amount Due: _____ Cash Check Credit

Paid Fee: Yes No **Approved by:** _____ **Date:** _____