





HCC Fall 2019 Swim Lessons

Offilia 5 (Valific.	Birthdate/Age:	
Parent's Name & Phone Number:		
Email Address:	Membership #:	
Additional Contact Name & Number:		
Any important Health History we need to be aware of?		
Method of payment*: □ Charge Acct #:	□ Check □ Cash □ Credit C	ard
Amount Paid: Da	ate Paid:	
Registration Policies: Homestead does not pro rate, issue referencellations occur less than 7 days prior to the session starts accordingly. <i>I have read and understand Homestead's Regis</i>	we will credit your fees to the next sess	ion. Please plan
Please read carefully. This is a release of liability and waiver of legal rights Owners Association Swim Programming is potentially hazardous and involves am physically fit and capable of participating in swim programming. I assume waiver, I, on behalf of myself, executors, heirs, and next of kin, hereby assum and discharge from any and all claims for any damage, for death, personal in programming at the Homestead Court Club/Homeowners Association, all Hor Parties"). I further agree that any controversy or claim arising out of or relating administered by the American Arbitration Association and judgment on the average of the control of the sum of th	is inherent dangers associated with swim progra e all risks of all conditions. In consideration of the ne all risks of any participation in swim programm jury, property damage arising from any participa mestead Employees, and other participants (the ng to this agreement shall be settled by final and	mming and that I ne acceptance of this ming and release ation in the swim "Released" binding arbitration