2012 AQUATICS

P.O.Box 18224 Shreveport, LA 71138
www.rocksolidsports.com ~ 318-402-7242

LESSONS FOR QUERBES

Child's Information

Name_____**D.O.B.**_____**Sex**_____

Parent's Information

Name_____**Email**_____

Address_____**City**_____**Zip**_____

Home Phone ( )_____**Work Phone ( )**_____

Please Select Time, Age Group & Session:

Age Group

____6 Months-2 Years With Parents
____3 Years With Parents
____3 Years Without Parents
____4-6 Years Old
____7-12 Year Olds
____Adult (13 Years +)

Session Time

____8:00-8:50AM
____9:00-9:50AM
____6:00-6:50pm

Location

_____QUERBES

Available Sessions

*ALL LESSONS ARE MONDAY-WEDNESDAY WITH RAINOUTS MADE UP ON THURSDAYS

*ALL LESSONS ARE ON A FIRST COME, FIRST SERVE BASIS AND YOU WILL NOT BE GUARANTEED A SPOT UNTIL PAYMENT HAS BEEN MADE.

*LESSONS ARE ON A 4 TO 1 STAFF TO PARTICIPANT RATIO.

*TO REQUEST PRIVATE LESSONS CALL US AT 402-7242

	COST
____**Session 1: June 4-6 AND June 11-13**	**($45)**
____**Session 2: June 18-20 AND June 25-27**	**($45)**
____**Session 3: July 2,3,5 AND July 9-11**	**($45)**
____**Session 4: July 16-18 AND July 23-25**	**($45)**
____**Session 5: July 30-Aug 1 AND Aug 6-8**	**($45)**

I verify that I am the parent/legal guardian of the above participant and that he/she has my permission to participate in Rock Solid Aquatics. I hereby authorize the staff and volunteers of Rock Solid to act for me according to their best judgment in any emergency requiring medical attention. I understand that Rock Solid carries no medical, dental or accident insurance on participants and I agree to assume full responsibility for any medical or dental treatment resulting from participation in any Rock Solid Programs. I understand and agree that the above named is voluntarily participating in the Rock Solid programs at his/her risk. I agree to assume full responsibility for any damages or injuries to him/her in this program and related activities. I hereby fully and forever exonerate and discharge Rock Solid, it's staff, volunteers, directors, officers and agents from any and all claim, demands, damages, rights of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of participation of this program.

_____ _____
PARENT/GUARDIAN DATE