



The Beaumont Country Club Aquatic Programs Application

Participant Information:

Name: _____

Date of Birth: _____ Age: _____ Gender: M or F

Home Address: _____ City: _____ Zip: _____

Home Phone: _____

Parent or Guardian Information:

Parent or Guardian Name: _____ Cell Phone: _____

Parent or Guardian Email: _____

GROUP SWIM LESSONS

SESSION DATES

3-5 years

_____ Pre-School

_____ June 6-16

6 years and older

_____ June 20-30

_____ Tadpole

_____ July 11-21

_____ Guppy

_____ Shark

CLASS TIME

9:45 a.m.- 10:30 a.m.

Member Fee: _____ Non-Member Fee: _____

Aquatic Program Application:

Date: _____

Student's Name: _____

Notice: The Beaumont Country Club does not provide accident/medical insurance for the program participants. I recognize that participation in the BCC activities may expose my child or myself to some risk of injury. I agree to hold the Beaumont Country Club harmless from any claims for damage to any property or injury while participating in any activity at the Beaumont Country Club or in its programs.

Parent or Legal Guardian Signature