



Class Application Form  
2009-2010 Season  
Session 3

Swimmer Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>Sheraton Tarrytown Hotel</u>			
<u>Introduction to Water Skills</u>		<u>Mommy &amp; Me</u>	
<u>Wed classes Jan 6th - Feb 24th</u>	<input type="checkbox"/>	<u>Wed classes Jan 6th - Feb 24th</u>	<input type="checkbox"/>
<u>Fri classes Jan 8th - Feb 26th</u>	<input type="checkbox"/>	<u>Fri classes Jan 8th - Feb 26th</u>	<input type="checkbox"/>
Fee: \$200 for 8 week session		Fee: \$200 for 8 week session	
Wednesday:	Friday:	Wednesday:	Friday:
11:00-11:30 <input type="checkbox"/>	11:00-11:30 <input type="checkbox"/>	10:15-10:45 <input type="checkbox"/>	10:15-10:45 <input type="checkbox"/>
11:45-12:15 <input type="checkbox"/>	11:45-12:15 <input type="checkbox"/>	1:45-2:15 <input type="checkbox"/>	1:45-2:15 <input type="checkbox"/>
1:00-1:30 <input type="checkbox"/>	1:00-1:30 <input type="checkbox"/>		

<u>The Hackley School</u>			
<u>Fundamental Aquatic Skills</u>		<u>Introduction to Competitive Swimming</u>	
<u>Jan 3rd - Feb 28th</u>		<u>Jan 2nd - Feb 28th</u>	<input type="checkbox"/>
Fee: \$200 for 8 week session		Fee: \$360 for 16 class session	
Sunday 9:30-10:00	<input type="checkbox"/>	Sat/Sun Jan 2-Jan3	9:00-9:40
Sunday 10:00-10:30	<input type="checkbox"/>	Sat/Sun Jan 9-Jan 10	9:00-9:40
		Sat/Sun Jan 16-Jan 17	9:00-9:40
<u>Intro to Water Skills II</u>		Sat/Sun Jan 23-Jan 24	9:00-9:40
<u>Jan 3rd - Feb 28th</u>		Sat/Sun Jan 30-Jan 31	9:00-9:40
Fee: \$200 for 8 week session (For ages 4-6)		Sat/Sun Feb 13-Feb 14	9:00-9:40
Sunday 9:30-10:00	<input type="checkbox"/>	Sat/Sun Feb 20-Feb 21	9:00-9:40
Sunday 10:00-10:30	<input type="checkbox"/>	Sat/Sun Feb 27-Feb 28	9:00-9:40

**Registration Instructions:** Registration form should be sent via email to [swimschool@empireswimming.com](mailto:swimschool@empireswimming.com), or via mail to: Empire Aquatics, 45 Montross Street, White Plains, NY 10603 postmarked no later than December 26th. **Class sizes are limited and will**

**Swimmer Evaluations:** Evaluations will be held at the start of the first class.

**Program Cost:** Session fees, which include insurance, are due upon registration to secure your place in the program. **Please make checks payable to "Empire Swimming".**

**E-mail Communication:** All program communications are handled via email. Please be sure that the Swim School has the most current email address for the primary contact person in your family.

**Refund/Credit Policy:** All Swim School program fees are non-refundable. Credit will not be given for missed classes.



EMPIRE SWIMMING, INC.  
45 MONTROSS STREET  
WHITE PLAINS, NY 10603  
[www.empireswimming.com](http://www.empireswimming.com)



I, \_\_\_\_\_, the parent and legal guardian of \_\_\_\_\_ ("Participant(s)"), who is/are participating in the Empire Aquatics, Inc. - Empire Swim School, hereby agrees and understands that swimming is an inherently dangerous activity which may expose Participant(s) to the risk of serious physical injury, including but not limited to paralyzing injuries and death. On behalf of Participant(s), I hereby assume all of the risks of participation in the Empire Swim School, realizing that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment of property owned, maintained or controlled by them or because of their possible liability without fault.

In consideration of permitting Participant(s) to participate in the Empire Swim School, I hereby agree to indemnify and hold harmless Empire Aquatics, Inc., the Empire Swim School, its employees, coaches, directors and agents (i) from and against any liability resulting from any injury, disability, death, property damage or property theft which may occur to Participant(s) while participating in the Empire Swim School, and (ii) from any and all liabilities or claims made by other individuals or entities as a result of Participant(s) actions while participating in the Empire Swim School.

I hereby authorize any representative of Empire Aquatics, Inc., or the Empire Swim School to have the Participant(s) treated in any medical emergency during their participation in the Empire Swim School. Further, I agree to pay all costs associated with such medical care and related transportation for the Participant(s). I have noted on the bottom of this form any medical/health-related problems of which the Empire Swim School Staff should be aware. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND AGREE TO BE BOUND BY ITS TERMS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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