

2010-2011 School Year Josh Project Swim Lesson Registration @ SFS

► Step One: Please check Your Session and Time that you prefer.

All Swim Lessons take place on Saturday afternoons at St Francis de Sales HS, Parkside and Bancroft.

► Saturday Sessions: Four ½ hour lessons offered on Saturdays between 2-4pm

- #1: Oct 2, 16, 23, 30 #2: Nov 6, 20, Dec 4, 11 #3: Jan 8, 15, 22, 29
 #4: Mar 5, 12, 19, 26 #5: Apr 2, 9, 16, 30 #6: May 7, 15, 21, June 4
(The Josh Project Summer Lesson Schedule will be published in May.)

► Saturday Times: Please check preferred time. Please note that times will be assigned as they are available, so you may not get your preferred time. Thank you for understanding.

- 2-2:30pm 2:30-3pm 3-3:30pm 3:30-4pm

► Step Two: Please register yourself or your children below. Children must be 4 years old.

Name of Participant #1: _____ Age: _____ Level: _____

Name of Participant #2: _____ Age: _____ Level: _____

Name of Participant #3: _____ Age: _____ Level: _____

Parent's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

E-mail address to best contact you: _____

► Step Three: Please indicate student's current swimming level above.

Level #1: Non-Swimmer

Level #2: Places Head Underwater

Level #3: Front or Back Float

Level #4: Limited swimming underwater

Level #5: Adult Non-Swimmer

Level #6: Child or Adult with Disabilities

Please explain disabilities here. We may not be able to accommodate every disability, but we will try.

► Step Four: Please sign this Release of Liability (Required)

Greater Toledo Aquatic Club/St Francis de Sales High School/Josh Project Release of Liability:

The undersigned participant or legal guardian of the participant does hereby release the Greater Toledo Aquatic Club (GTAC), St Francis de Sales High School (SFS) and the Josh Project (JP) from any and all claims arising out of any injury to or damages sustained by the participant in the course of participation in the instructional swimming programs operated by GTAC. By signing this Release of Liability, the undersigned intends to and does hereby waive any claims which might have otherwise been made against GTAC, SFS and JP or its employees, volunteers, agents or directors.

Signature of Legal Guardian: _____ Date: _____

► If you would like to donate to the Josh Project, make your check payable to The Josh Project and mail to Josh Project, PO Box 141015, Toledo OH 43614.

For office use only: Received by _____ Date _____ \$ _____
Comments _____