

Excel Swim School

Swimmer's Name:

Grade/School Entering in the Fall of 2009:

Parent's Names:

Mailing Address:

City and Zip Code:

Home #:

Work #:

Cell #:

Contact Email Address(es):



Waiver to Participate

I hereby authorize the staff to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release the school, the coaches, Palo Alto High School from any and all liability. That includes injuries, illnesses, or loss of property while at the school. I have no knowledge of any physical impairment that would be affected by the named participants in the school. My signature on this waiver states that the named is covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to, from, or in connection with the camp.

Parent/Guardian Signature:

Participant Signature:

Emergency Contact Name and Phone #:



		Session I	Session II	Session III
	M-F 2:00 - 2:30pm	_____	_____	_____
	OR 2:30 - 3:00pm	_____	_____	_____
	M-F 3:00 - 3:30pm	_____	_____	_____
	OR 3:30 - 4:00pm	_____	_____	_____
:	M-F 4:00 - 4:30pm	_____	_____	_____
	OR 4:30 - 5:00pm	_____	_____	_____
	M-F 5:00 - 5:30pm	_____	_____	_____
	OR 5:30 - 6:00pm	_____	_____	_____

Sessions are \$160 each, Session IV - \$80. Sessions I, II, III- \$420, all four sessions- \$450. Make Checks payable to Danny Dye. Email form to register@excelswimschool.com