



CRESCENT CITY CHRISTIAN SCHOOL
 4828 UTICA ST., METAIRIE, LA. 70006
 PHONE (504) 885-4700 FAX (504) 885-4703



Aquatics Program
Signed Release Form

REQUIRED FOR SWIMMING LESSONS AS WELL AS OPEN SWIM SESSIONS

Swimmer's Name: _____ D.O.B. _____

Mother's Name: _____ Father's Name: _____

Address: _____

Mother's Phone: _____ Father's Phone: _____

Email: _____ Email: _____

Alternate Guardian: _____ Relationship to swimmer: _____

Medical Insurance Carrier: (Name and Policy #) _____

Family Doctor: _____ Telephone # _____

Medications (List Details): _____

Allergies (List/What to Do): _____

Please list any past or present medical/surgical condition(s): _____

Release:
 I give permission for (swimming student) _____ to participate in Crescent City Christian School aquatics program. I hereby give for myself, my heirs, administrators, executors and personnel representatives waive, release and forever discharge any and all rights and claims for damages which I may accrue against Crescent City Christian School, Celebration Church, or their respective employees which may be suffered by the student at said functions. I also hereby give consent for emergency medical care to be given to my child at the nearest medical facility available and release any medical information necessary for treatment to be given.

Parent (Legal Guardian) Signature: _____ Date: _____

Swimming Lessons are now being offered at Crescent City Christian by appointment.

These lessons are conducted by a qualified swimming instructor and the fee is \$150 for ten ½ hour sessions, payable in advance to Crescent City Christian.

Your student will be assessed for swimming skill and instructed accordingly. Please feel free to note on the registration form any information you feel necessary as far as your child's swimming ability or past experiences which may influence his/her level of comfort or fear in the pool. Any questions or more information, you may contact Susan Yancich (504) 734-5708 or (504) 913-7620