

# Otsego County Sportsplex Swim Lessons Registration Form

Parents Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To Opt in on Text messages: you may text @ocspool to 81010 (if you are having trouble with 81010, text @ocspool to 989-414-2295)

Name of Student	Date of Birth	Class Level	Day	Dates	Times	Fee

Date of Registration: \_\_\_\_\_

Registration Taken By: \_\_\_\_\_

**Total Paid**

**Make checks or money orders payable to: Otsego County Sportsplex**  
**Mailing Address: PO BOX 1886, Gaylord MI 49734**

**Circle payment type:**  
 Cash \* Check \* Credit \* Gift Cert

**REFUND POLICY:** You will receive a refund if cancellation is received prior to the start of class (minus \$5.00 administration fee). After classes have begun, a pro-rated credit or refund will be given (minus \$5.00 administration fee) for an extenuating medical circumstance only. You must cancel before the first class that will be missed. Sorry, no make-ups unless the class is cancelled by the Sportsplex.

**LIABILITY RELEASE:** I, as a participant or legal guardian representing a minor participant, agree to release the Otsego County Sportsplex, it's officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at listed activity(s). I/we are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

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