



STINGRAY SWIM PROGRAMS



Baby Ray

(6 months and up)

2023 Winter Registration Form

Parent Name: _____ VIGCC member number: _____

Email: _____ Phone: _____

Name of Parent attending class: _____

Swimmer: _____ Age _____ Swimmer: _____ Age _____

Your payment secures an instructor for the session. Payment must accompany registration to be enrolled. All classes registered for are final payment, no refunds. Payment can be made with credit card via phone to the VIGCC. 206-463-9410 ext. 1, vgscmembership@gmail.com, or mailed to: 24615 75th Ave SW Vashon, WA 98070

Lessons are ½ hour in length. Missed classes are not reimbursed.

Circle the dates that you are attending. Saturdays at 10:00 (ages 23 months and under Saturdays at 10:30 (24 months and up)

Payment of a minimum of 3 classes to join.

**3 classes = \$46, 4 classes = \$61, 5 classes = \$76, 6 classes = \$92, 7 classes = \$107,
8 classes = \$122, 9 classes = \$137, 10 classes = \$152, 11 classes = \$168**

10:00 SESSION 1/7, 1/14, 1/21, 1/28, 2/4, 2/11, 2/18, 3/4, 3/11, 3/18, 3/25

10:30 SESSION 1/7, 1/14, 1/21, 1/28, 2/4, 2/11, 2/18, 3/4, 3/11, 3/18, 3/25

Please be prepared for the class by making sure your child is fed and napped. It is advised to time your child's nap so that they are not just waking up just before they enter the pool. Please have a fresh swim diaper on your child and bring extra diapers to the pool. The class will consist of games, songs, and instructions on help for safety and on preparing your child to learn to swim. This is a water orientation class. Both parent/guardian and child are expected to be in the water.

Vashon Island Golf and Country Club Swim Lesson Waiver: All exercises and use of all facilities shall be undertaken and at your own risk. VIGCC Shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever to person or property arising out of acts or passive negligence on the part of the VIGCC, its servants, agents, or employees.
PARENT/PARTICIPANT HAS READ THIS CLAUSE AND UNDERSTANDS ITS

TERMS Parent/Participant Signature: _____ Date: _____

Total Classes circled _____ Total Paid _____ Payment method _____