



2012 AQUATICS

P.O. Box 18224 Shreveport, LA 71138
www.rocksolidsports.com ~ 318-402-7242

LESSONS FOR SOUTHERN HILLS POOL

Child's Information

Name _____ D.O.B. _____ Sex _____

Parent's Information

Name _____ Email _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____

Please Select Time, Age Group & Session:

Age Group

- ___ 6 Months-2 Years With Parents
- ___ 3 Years With Parents
- ___ 3 Years Without Parents
- ___ 4-6 Years Old
- ___ 7-12 Year Olds
- ___ Adult (13 Years +)

Session Time

- ___ 8:00-8:50AM
- ___ 9:00-9:50AM
- ___ 7:00-7:50PM

Location

___ **SOUTHERN HILLS**

Available Sessions

*ALL LESSONS ARE MONDAY-THURSDAY WITH RAINOUTS MADE UP ON FRIDAYS

*ALL LESSONS ARE ON A FIRST COME, FIRST SERVE BASIS AND YOU WILL NOT BE GUARANTEED A SPOT UNTIL PAYMENT HAS BEEN MADE.

*LESSONS ARE ON A 4 TO 1 STAFF TO PARTICIPANT RATIO.

*TO REQUEST PRIVATE LESSONS CALL US AT 318-402-7242

COST

- ___ Session 1: June 4-7 AND June 11-14 (\$65)
- ___ Session 2: June 18-21 AND June 25-28 (\$65)
- ___ Session 3: July 9-12 AND July 16-19 (\$65)
- ___ Session 4: July 23-26 AND July 30-Aug 2 (\$65)
- ___ Session 5: August 6-9 AND August 13-16 (\$65)

I verify that I am the parent/legal guardian of the above participant and that he/she has my permission to participate in Rock Solid Aquatics. I hereby authorize the staff and volunteers of Rock Solid to act for me according to their best judgment in any emergency requiring medical attention. I understand that Rock Solid carries no medical, dental or accident insurance on participants and I agree to assume full responsibility for any medical or dental treatment resulting from participation in any Rock Solid Programs. I understand and agree that the above named is voluntarily participating in the Rock Solid programs at his/her risk. I agree to assume full responsibility for any damages or injuries to him/her in this program and related activities. I hereby fully and forever exonerate and discharge Rock Solid, it's staff, volunteers, directors, officers and agents from any and all claim, demands, damages, rights of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of participation of this program.

PARENT/GUARDIAN

DATE



2012 AQUATICS

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LESSONS FOR QUERBES

Child's Information

Name _____ D.O.B. _____ Sex _____

Parent's Information

Name _____ Email _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____

Please Select Time, Age Group & Session:

<u>Age Group</u>	<u>Session Time</u>
___ 6 Months-2 Years With Parents	___ 8:00-8:50AM
___ 3 Years With Parents	___ 9:00-9:50AM
___ 3 Years Without Parents	___ 6:00-6:50pm
___ 4-6 Years Old	
___ 7-12 Year Olds	
___ Adult (13 Years +)	
	<u>Location</u>
	___ QUERBES

Available Sessions

*ALL LESSONS ARE MONDAY-WEDNESDAY WITH RAINOUTS MADE UP ON THURSDAYS

*ALL LESSONS ARE ON A FIRST COME, FIRST SERVE BASIS AND YOU WILL NOT BE GUARANTEED A SPOT UNTIL PAYMENT HAS BEEN MADE.

*LESSONS ARE ON A 4 TO 1 STAFF TO PARTICIPANT RATIO.

*TO REQUEST PRIVATE LESSONS CALL US AT 402-7242

___ Session 1: June 4-6 AND June 11-13	<u>COST</u>
___ Session 2: June 18-20 AND June 25-27	(\$45)
___ Session 3: July 2,3,5 AND July 9-11	(\$45)
___ Session 4: July 16-18 AND July 23-25	(\$45)
___ Session 5: July 30-Aug 1 AND Aug 6-8	(\$45)

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PARENT/GUARDIAN

DATE



2012 AQUATICS

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LESSONS FOR BILL COCKRELL

Child's Information

Name _____ D.O.B. _____ Sex _____

Parent's Information

Name _____ Email _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____

Please Select Time, Age Group & Session:

<u>Age Group</u>	<u>Session Time</u>
___ 6 Months-2 Years With Parents	___ 8:00-8:50AM
___ 3 Years With Parents	___ 9:00-9:50AM
___ 3 Years Without Parents	___ 6:00-6:50pm
___ 4-6 Years Old	
___ 7-12 Year Olds	
___ Adult (13 Years +)	
	<u>Location</u>
	___ BILL COCKRELL

Available Sessions

*ALL LESSONS ARE MONDAY-WEDNESDAY WITH RAINOUTS MADE UP ON THURSDAYS

*ALL LESSONS ARE ON A FIRST COME, FIRST SERVE BASIS AND YOU WILL NOT BE GUARANTEED A SPOT UNTIL PAYMENT HAS BEEN MADE.

*LESSONS ARE ON A 4 TO 1 STAFF TO PARTICIPANT RATIO.

*TO REQUEST PRIVATE LESSONS CALL US AT 402-7242

___ Session 1: June 4-6 AND June 11-13	<u>COST</u>
___ Session 2: June 18-20 AND June 25-27	(\$45)
___ Session 3: July 2,3,5 AND July 9-11	(\$45)
___ Session 4: July 16-18 AND July 23-25	(\$45)
___ Session 5: July 30-Aug 1 AND Aug 6-8	(\$45)

I verify that I am the parent/legal guardian of the above participant and that he/she has my permission to participate in Rock Solid Aquatics. I hereby authorize the staff and volunteers of Rock Solid to act for me according to their best judgment in any emergency requiring medical attention. I understand that Rock Solid carries no medical, dental or accident insurance on participants and I agree to assume full responsibility for any medical or dental treatment resulting from participation in any Rock Solid Programs. I understand and agree that the above named is voluntarily participating in the Rock Solid programs at his/her risk. I agree to assume full responsibility for any damages or injuries to him/her in this program and related activities. I hereby fully and forever exonerate and discharge Rock Solid, it's staff, volunteers, directors, officers and agents from any and all claim, demands, damages, rights of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of participation of this program.

PARENT/GUARDIAN

DATE



2012 WATER AEROBICS

JOIN US FOR SOME FUN,
FRIENDSHIP & FITNESS @
SOUTHERN HILLS POOL

FOR MORE INFORMATION EMAIL OR CALL US AT:
www.rocksolidsports.com ~ 318-402-7242

PARTICIPANTS's Information

Name _____ Email _____
Address _____ City _____ Zip _____
Home Phone () _____ Work Phone () _____

WHERE: SOUTHERN HILLS POOL

WHEN: M-F 7:00-8:00AM (BEGINS JUNE 4, 2012 AND ENDS AUG 31, 2012)

COST: \$20/MONTH

(NO ONE WILL BE TURNED AWAY FOR FINANCIAL REASONS)

I verify that I am the above participant and that I hereby authorize the staff and volunteers of Rock Solid athletic club, inc to act for me according to their best judgment in any emergency requiring medical attention. I understand that Rock Solid carries no medical, dental or accident insurance on participants and I agree to assume full responsibility for any medical or dental treatment resulting from participation in any Rock Solid Programs. I understand and agree that I am voluntarily participating in the Rock Solid programs at my own risk. I agree to assume full responsibility for any damages or injuries to myself in this program and related activities. I hereby fully and forever exonerate and discharge Rock Solid, it's staff, volunteers, directors, officers and agents from any and all claim, demands, damages, rights of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of participation of this program.

PARTICIPANT

DATE