

# Swimming Lessons

I/we parent of \_\_\_\_\_ wish to participate in the swimming lessons offered by the Life Center and Autism Project of Southern Ohio, and hold harmless the same for any injury or responsibility thereon. I understand that a parent, legal guardian, or someone appointed by the parent or guardian has to be present during the entire appointment. I understand that this is being offered FREE to my child with autism or ASD because I am a member of the Autism Project of Southern Ohio or that I have paid the \$15 to join the group in lieu of paying for the swimming lessons. I understand that my dues are payable each April at the same amount, as long as I wish to continue to be a member.



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Parent/Date

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