

SWIM LESSON REGISTRATION FORM



Childs Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

Parent/ Legal Guardian: _____

Cell / Home: _____

E-Mail: _____

CLASS REGISTRATION OPTIONS:

Preferred Session Time: AM PM

Voucher: Y N If Yes, voucher # _____

Preferred Session:

Session 1: June 5th - June 15th

Session 2: June 19th – June 29th

Session 3: July 3rd - July 13th

Session 4: July 17th – July 27th

Cost:

Residents: \$30.00

Non-Residents: \$40.00

Cash Credit Check # _____

Special Requests: _____

FOR OFFICE USE ONLY

| | | |
|---|--|--|
| <input type="checkbox"/> Preschool Aquatics: Level 1 | <input type="checkbox"/> Learn-to-swim: Level 1 | <input type="checkbox"/> Learn-to-swim: Level 4 |
| <input type="checkbox"/> Preschool Aquatics: Level 2 | <input type="checkbox"/> Learn-to-swim: Level 2 | <input type="checkbox"/> Learn-to-swim: Level 5 |
| <input type="checkbox"/> Preschool Aquatics: Level 3 | <input type="checkbox"/> Learn-to-swim: Level 3 | |

PARENTAL CONSENT PARTICIPANT HOLD HARMLESS AND PICTURE RELEASE FORM

My child will be engaging in recreational activities that may involve a risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks and hazards incidental to such participation including transportation to and from activities.

I/we hereby forever waive, release and hold harmless, the City of Fruitland Park, its employees, independent contractors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life and/or all other damages to my child or property with his/her participation in this program. I agree and acknowledge that this Release and Hold Harmless will apply and include any claims regardless of the City's own negligence. I/we understand that as a parent of a participant in a recreational program, accident insurance is not provided by the City of Fruitland Park. In the event of an emergency, I/we hereby authorize the transportation to and treatment of my child by the nearest hospital staff or an Emergency Medical Services Unit.

I/we do hereby consent, authorize and grant permission to the City of Fruitland Park, its agents, employees and duly authorized agents to copyright, publish and otherwise use images of my child and/or recordings of my child's voice in all print or electronic media and further consent to the publication, circulation dissemination and broadcast of said images and/or recordings for any purpose the City may deem proper.

I/we further understand and agree that the City of Fruitland Park retains the right to dismiss me/us/our child(ren) from the program should my/our behavior or the behavior of my/our child(ren) endanger myself or others and is detrimental to the program or program's intended purpose.

Signature of Parent/Guardian

Date