



Childs Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent / Legal Guardian: \_\_\_\_\_  
Cell / Home: \_\_\_\_\_  
E-Mail: \_\_\_\_\_



FUN SWIM TEAM \*2017\* MAY 8 - JUNE 1  
PRACTICES WILL BE MONDAY - TUESDAY - THURSDAY FROM 6-7 P.M.

SWIM MEET DATES WILL BE ANNOUNCED

**ALL REGISTRANTS MUST BE ABLE TO  
COMPLETE ONE SWIM LAP.  
NO REFUNDS WILL BE GIVEN.**

**\*\*FEES\*\***

**Residents: \$30.00 Non-Residents: \$35.00  
Per Child**

**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