

## Aquatic Department Registration Form

Program: \_\_\_\_\_

Session Dates: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Past swimming experience or any other information we should know:

\_\_\_\_\_  
\_\_\_\_\_

I release the Family Activity Center and its staff and volunteers for any injuries that may occur to me (or my child of less than 18 years of age) while participating in the Swim Lesson Program. I hereby certify that I/my child is in good health and able to participate in the course. I also understand that classes may be rescheduled for reasons out of our control (weather, pool maintenance, etc.). However, we will work to prevent these occurrences as much as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to Photograph & Publish

I the undersigned consent for Shelbyville-Shelby County Parks and Recreation to photograph me or my child during recreational or program activities and to publish those photographs program guides, flyers, newspapers, and other promotional materials in regard to park programs only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILLED OUT BY THE FRONT DESK STAFF ONLY**

Date Paid: \_\_\_\_\_ Check# \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Desk Staff Initial: \_\_\_\_\_

