

Aquatic Department Registration Form

Program: **Underwater Easter Egg Hunt, April 8th, 2017**

Child's name: _____

Additional Children names: _____

Ages: _____ Genders: _____

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:

Any medical or allergy information we should be aware of?

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 Underwater Easter Egg Hunt Program. I hereby certify that I/my child is in good health and able to participate in the event. I also understand that the event 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.

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, social media, newspapers, and other promotional materials in regard to park programs only.

Signature: _____ Date: _____



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