

Swim Lesson Registration Form

Session: Private <input type="checkbox"/>	Semi-Private <input type="checkbox"/>	Group <input type="checkbox"/>
DATES:		
NAME:		Age:
Guardian:		Secondary Guardian:
Home phone:		Cell phone:
Address:		
City:	State:	Zip:
Email:		
Notes: (any additional information)		

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

X

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 and program activities and to publish those photographs on program guides, flyers, newspapers, and other promotional materials in regard to park programs only.

X

Signature & Date

