

SWIM LESSON REGISTRATION FORM

www.cityofcarroll.com

**** Please use a separate form for each participant ****
Photocopy if necessary or extra forms available at Rec Center
Forms Need to be dropped off at the Rec Center Office

Participant's Name _____ Birthdate _____

Grade (Current 2009) _____ Member ____ Non-member ____ Boy ____ Girl ____

Parent/Guardian Name _____

Address/City/Zip Code _____

E-mail address _____

Home Phone _____ Daytime Phone _____

Ask For _____

Please note any medical condition that you would want the staff to know about:

Swim Lessons

ATTENTION

You may sign up for one swim session at a time.

Level of Swim

Circle one

Time

Fee

_____ Session #1, #2 or #3 _____ \$ _____

WAIVER FOR PARTICIPANT BY PARENT

I agree to assume full responsibility for any risk implicit or direct by participating in any activity for facility. The City of Carroll does not provide individual, team, or group accident insurance for participants in parks and recreation activities. The individual mentioned above has my permission to participate. I also give permission for any photos of participants taken during the program to be used for future Department promotional materials.

Signature _____ Date _____

Parent/Guardian

Refund Policy: We will refund a class fee if notified one week ahead of the scheduled class or if there is an unforeseen injury or illness.

Checks Payable to: Carroll Recreation Center Address: 716 N. Grant Road, Carroll, IA 51401