



Jordan Memorial Pool
“Instructional Swim Class” Registration 2024

Swimmer’s Name: _____

Age _____ (3 years old to 18 years old may join)

Ages 3 to 11 - MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN AT ALL TIMES

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Work): _____

Phone (Cell): _____ Email: _____

Emergency Contact & Number: _____

The cost is \$30.00 per child, must be made payable by July 26, 2024.

July 29th – Aug 2nd. Monday – Friday and

Aug 5th – Aug 9th Monday - Friday

Time: 6:00 pm – 8:00 pm

Make Checks Payable to: Village of Jordan

Mail to: Village of Jordan Swim Class

At the: Village Office

P.O. Box 561

7 Mechanic St., Jordan

Jordan, NY 13080

(between the hours of 8:30 am – 4:30 pm)

I hereby give my/our approval of his/her participation in the Jordan Instructional Swim Class at the Jordan Pool.

I do hereby waive, release, absolve, indemnify and agree to hold harmless the Jordan Community Council, the Town of Elbridge, the Village of Jordan, the Village of Elbridge, the Jordan-Elbridge School District, and the organizers or supervisors for any claim arising out of injury, except to the extent and amount of coverage provided by liability insurance. YES: _____ NO: _____

In case of accident or injury, 911 will be called by the Lifeguards and one of the staff members will call parents or the emergency contact provided. I authorize any and all medical, dental and/or surgical care and hospitalization advised by the physicians, surgeons or hospital necessary for the proper health and well-being for my child. YES: _____ NO: _____

Parent/Guardian Signature: _____

Additional Medical Information: YES: _____ NO: _____

***IF YES, please attach information regarding medical problem(s)**