

**SWIM LESSON REGISTRATION**

**SWIM LESSON DATES ARE:**

July 13<sup>th</sup>-July 16<sup>th</sup> & July 20<sup>th</sup>-23<sup>rd</sup>

Participant's Name \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_ Fall Grade 2020 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Daytime Phone or Cell \_\_\_\_\_

Fee: \$25.00 members/\$35.00 nonmember

Emergency Phone Number \_\_\_\_\_

MAKE CHECKS PAYABLE TO: Village of Jordan

**SEND TO:**

Mailing Address \_\_\_\_\_

LEARN TO SWIM

\_\_\_\_\_

P.O. Box 561

JORDAN, NY 13080

I hereby give my/our approval of his/her participation in the Jordan-Elbridge Learn to Swim program at the Jordan Pool. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Jordan and Elbridge Community councils. The Town of Elbridge, Jordan-Elbridge School District, the organizers or supervisors for any claim arising out of injury except to the extent and amount of coverage provided by liability insurance.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Release in the event of a medical emergency, the directors will phone 911 and the parents. Please sign for Medical Release:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information Needed \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please attach information regarding any medical problems ( i.e. asthma, allergies, etc. )

**PLEASE NOTE: WE ARE ALL VOLUNTEERS AND WE NEED MANY MORE TO MAKE THESE LESSONS POSSIBLE. PLEASE HELP US TO HELP YOUR CHILDREN. THANK YOU SO MUCH!!**

*I will be able to volunteer with the learn to swim program* \_\_\_\_\_ YES \_\_\_\_\_ NO Phone # \_\_\_\_\_