



Swim Lesson Registration

PARTICIPANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Cell Phone Number: _____ Email Address: _____

Gender (*circle one*): M F Birth Date: / /

PLEASE CIRCLE

Session: #3 JULY 11 – JULY 22

MORNING SESSION TIMES

Age: 5-7 yrs. 8-10 yrs. 11-13 yrs.

9:15am -10:00am 10:15am – 11am 12:15pm – 1pm

EVENING SESSION TIMES

Age: 5-7 yrs. 8-10yrs 11-13 yrs.

5:15pm – 6pm

CLASS INFORMATION

Monday, Tuesday, Thursday, and Friday for two weeks.

\$ 40 per child per 2 week session. Classes are 45 minutes long

A PARENT MUST BE ON THE PREMISIS THE ENTIRE TIME OF LESSONS!

NO CLASS ON CITY HOLIDAYS – This class will not be made up.

**** Classes are weather dependent-** all attempts will be made to contact you in the event of a cancellation.

Check in using your name at the register at the beginning of each class.

NO REFUNDS! *Classes that must be canceled due to weather will NOT receive a refund. If more than 1 class in a session must be canceled **we will try** to find time for a makeup class on a Wednesday.*

OFFICE USE ONLY

Receipt #: _____

Amount: _____

EMERGENCY CONTACT INFORMATION

First/Last Name: _____ Relationship: _____

Phone Number: _____

***Please list any allergies or medical conditions you may have along with any medications that he/she is taking.

Participant Authorization

We, the participant/guardian of the above named participant in the City of Ozark Swim Lesson Program hereby give our approval to his/her participation in any and all activities. We assume all risks and hazards associated with such participation, including transportation to and from activities, and we hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Ozark, all program organizers, sponsors, supervisors, and participants. We also give permission for our name and/or image to be used for marketing or media purposes by picture, voice, stories or other media methods to be used in newspapers, magazines, radio, internet and/or other sources to promote city programs.

Signature: _____

Date: _____

*** Registration fee is non-refundable ***