

Swim Lesson Registration



	PARTICIPANT INFORMATION	
First Name:	Middle Name:	Last Name:
Cell Phone Number:	Email Addre	ess:
Gender (circle one): M	F	Birth Date: / /

PLEASE CIRCLE

Session: #1 June 6th - June 17th

MORNING SESSION TIMES

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

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.

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.

Receipt #:	OFFICE USE ONLY	Amount:

EMERGENCY CONTACT INFORMATION

Last Name: Relationship:	
Phone Numbe	er:
***Please list any allergies or medical conditions you may h	have along with any medications that he/she is taking.
<u>Partici</u>	ipant Authorization
nis/her participation in any and all activities. We assume all ransportation to and from activities, and we hereby waive, Dzark, all program organizers, sponsors, supervisors, and	nt in the City of Ozark Swim Lesson Program hereby give our approval to Il risks and hazards associated with such participation, including release, absolve, indemnify, and agree to hold harmless the City of participants. We also give permission for our name and/or image to be ories or other media methods to be used in newspapers, magazines, ms.
Signature:	Date:
*** Registrat	tion fee is non-refundable ***