



# 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 1** June 3 – June 14

**Session 2** June 17 – June 28

**Session 3** July 1 – July 12

## **MORNING SESSION TIMES**

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

9:15-10:00 a.m.

10:15-11:00

12:00 pm – 12:45 pm

## **EVENING SESSION TIMES**

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

4:15 pm – 5:00 pm

## **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 JULY 4<sup>th</sup> – 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: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

FATHER

MOTHER

First/Last Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

First number to call (\_\_\_\_) \_\_\_\_\_

Text capability \_\_\_\_\_ yes \_\_\_\_\_ no

Second number to call (\_\_\_\_) \_\_\_\_\_

Text capability \_\_\_\_\_ yes \_\_\_\_\_ no

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

\_\_\_\_\_  
\_\_\_\_\_

**INHERENT RISK** - The swimmer and parents/legal guardians acknowledge that the use of a pool and activities around the pool involves the potential risk of serious danger and bodily injury or worse case death. The swimmer and parents/legal guardians further acknowledges that these risks may be the result of the actions or inactions of the swimmer and parents/legal guardians, their minor children, guests, or anyone else using or around the pool.

**ASSUMPTION OF RISK** - The swimmer and parents/legal guardians will use the pool at their own risk and assumes all risks of bodily injury resulting from or around the pool located on the premises. This assumption of risk extends to all of, their minor children, guests, or anyone else on the property.

**RELEASE** - The swimmer and parents/legal guardians releases the City of Ozark to include Ozark Parks and Recreation and, their employees, heirs, and successors from any loss or damage to property, physical injury, or death as a result of the pool and its use: the City of Ozark to include Ozark Parks and Recreation and, their employees, heirs, and successors shall not be held liable to any degree. This release extends to the injuries of any party, both directly and indirectly related to the use of and around said pool.

**INDEMNIFICATION** - The swimmer and parents/legal guardians agrees to indemnify and hold harmless the City of Ozark to include Ozark Parks and Recreation and, their employees, heirs, and successors from any loss, damage, liability, attorneys' fees, and costs that are the direct or indirect result of using said pool on the Premises.

**Participant Authorization**

We, the participant/guardian of the above-named participant in the City of Ozark Swim Lesson 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.

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

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