**WARD 7 COMMUNITY CENTER**
1615 Horridge Street ~ Vinton, LA ~ 70668

# SWIM LESSON RELEASE FORM

| Participant Information: | |
|---|---|
| **Participant's Name:** | |
| **Physical Address:** | |
| **City/State/Zip Code:** | |
| **Date of Birth:** | |
| **Emergency Contact Name & Primary Phone #:** | |

**Swim Class:** ☐ Beginner ☐ Intermediate ☐ Advanced

**Preferred Session:** ☐ 1st Session: Tues., May 26th to Fri., May 29th & Mon., June 1st to Thurs., June 4th ☐ 2nd Session: Mon., June 8th to Thurs., June 11th & Mon., June 15th to Thurs. June 18th

**Preferred Session Time:** ☐ 10:00-10:45 AM ☐ 11:00 -11:45 AM

| Medical Information: | | |
|---|---|---|
| Doctor's Name: | Phone Number: | |
| Address: | | |
| List any medical conditions & medications: | | |

I/We, the parents/guardian of the names participant hereby give our approval to his/her participation and instruction in SWIMMING at the Ward 7 Recreation Center, Vinton, LA. I/We assume all risks and hazards incidental to such participation, waiting period before or after lessons; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Ward 7 Recreation Center, any instructors, Board of Commissioners, Directors, supervisors, and participants of any claims arising out of any injury or death to my/our child, whether the results of negligence or for any other cause. I/We hereby give our permission to the Ward 7 Recreation to administer, and/or permission to obtain medical treatment in the event of an emergency.

**Parent/Guardian Signature:** _____ Date: _____

FEES: $50.00 for a two-week session, per swimmer. Must be paid in full prior to the first swim lesson.