

WARD 7 RECREATION SWIMMING LESSON RELEASE

Participant Information

Name: _____ Age: _____

Birthdate: ____ / ____ / ____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Medical Information

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Any Medical Problems? Yes ____ No ____ Please List: _____

Is your child currently on any medication? Yes ____ No ____ Please List: _____

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.

PARTICIPANT'S NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

Class Information - Please Circle Choices

SWIM CLASS: BEGINNER INTERMEDIATE ADVANCED

SESSION: MAY 27TH - JUNE 6TH TIME: 10:00 AM TO 10:45 AM

JUNE 10TH - JUNE 20TH 11:00 AM TO 11:45 AM

FEES: \$50.00 For a two-week session per swimmer, must be paid before the first swim lesson.

OFFICE USE ONLY:

PAYMENT: _____ Check or Cash RECEIVED BY: _____

RECEIPT NUMBER: _____