

ELGIN POOL SWIM LESSONS

Student's Name: First _____ Last _____

Parent's Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-Mail _____ Date of Birth of Swimmer _____

Physician's Name _____ Phone# _____

Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

Level Child is at in Swimming _____

Session and Time Preference (see opposite side for dates and times)

SWIM LESSON SESSIONS:

Cost: \$40.00 per session Cash or Check only

Session #1 June 13th - June 24th Mondays – Fridays Only (2 Week ½hr long class) Class #1 10:15-10:45 Class #2 11:00-11:30 Class #3 11:45-12:15	Session #2 June 27th - July 1st Mondays – Fridays Only (1 Week 1hr long class) Class #1 10:15-11:15 Class #2 11:30-12:30
Session #3 July 11th – July 22nd Mondays – Fridays Only Class times same as Session #1	Session #4 July 25th – July 29th Mondays – Fridays Only Class times same as Session #2
Session #5 August 1st – August 12th Mondays – Fridays Only Class times same as Session #1	

Waiver/Release: *By participation in the programs, the parent or guardian of the registered participant agrees to abide by the rules of the Elgin Parks and Recreation Department and its affiliated organizations and sponsors. I hereby acknowledge and accept all risks and hazards inherent to participation in such activities. I hereby release, absolve, indemnify, and hold harmless the City of Elgin, the Parks and Recreation Department, its employees, and agents, including owners of any facilities used for various departmental programs, from any liability for injury whether to person or property of the participant.*

Consent for Treatment: *I give permission for the City of Elgin Parks and Recreation staff, instructors, or volunteers, to seek emergency medical assistance for my child in the event they are unable to reach me.*

Parent or Legal Guardian:

PRINT NAME

SIGNATURE

DATE