



## SWIMMING LESSON REGISTRATION FORM

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/guardian responsible for child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Course:** Preschool aquatics (age 4-5 yrs) \_\_\_\_\_

Learn to swim (age 6-12 yrs) \_\_\_\_\_

Adult swim (age 13 and up) \_\_\_\_\_

**Time:** 9 - 9:45 AM \_\_\_\_\_

6 - 6:45 PM \_\_\_\_\_

**Session:** June 3 - 13 \_\_\_\_\_

June 17 - 27 \_\_\_\_\_

Swimmers 12 and under must be accompanied by a parent. Minimum space available, first come first serve basis. Each session is 10 classes, 45 minutes each.

### Medical and Participation Authorization

By placement of my signature below, I hereby authorize and consent to the medical treatment of the child named above in case of emergency, illness, or injury. As the parent/guardian of this child, I do hereby give my permission for his/her participation in the aquatics program and do indemnify and hold harmless the City of Jacksonville from any and all damages resulting from any injuries that may be sustained while my child is participating in the swim lesson program.

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Notice:** There will be NO makeups for missed classes unless the instructor cancels due to weather.