

SWIM LESSONS REGISTRATION FORM

Complete and Return to Garden City Recreation Department

Child's Name _____ Age ____ Birth Date _____ Sex ____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Mother's Name _____ Work Phone _____

Place of Employment _____

Father's Name _____ Work Phone _____

Place of Employment _____

Emergency Contact _____

Health Comments (Allergies, Health Problems, Medications, ect.)

Swim Experience: Beginner Intermediate Advanced (circle one)

Comments: _____

The Following Adults are Authorized to pick up my child, include parent (s):

Name _____ Phone No. _____

Name _____ Phone No. _____

Garden City does not provide Accident/Medical Insurance for program participants.

I authorize the Garden City Recreation Dept. to provide emergency treatment in the event I cannot be contacted. I recognized that participation in Garden City Recreation Dept. activities may expose my child to some risk of injury. I agree to hold the Garden City Recreation Dept. Harmless from any claims for damage to any property or persons which may occur through participation of any Garden City's Recreation Dept. programs. I have read and understand the above information. My Child has permission to participate in the Garden City program in accordance with the conditions set forth above. I give my Child permission to attend and be transported on all field trips scheduled during this Garden City Recreation Dept. program.

Parent/Guardian Signature _____