2009

City of Seguin

Swimming Lesson Registration Form

Please Circle Level

Session:		**I**	**II**	**III**
Time:	**9:00**	**1**	**1**	**1**
	10:00	**2**	**2**	**2**
	11:00	**Parent & Me**	**3**	**P&M or 3**

Session I – June 16-June 26 Session II – July 7 &July 17
Session III – July 28-Aug. 7
45 minute sessions Tuesday –Friday only $35 per session

Note: In the event a participant is registered for a session and cannot attend, refunds will **not** be allowed, and transfers will only be permitted if space is available in the desired session. Children must be 6 months – 4 years of age and wear swim diapers for the Parent & Me classes.

Participant's Name:_____ Sex: ____ DOB:_____ Age:____
Parent/Guardian: _____
Address:_____
Home Phone:_____ Work Phone:_____

IN CASE OF EMERGENCY, contact:_____Phone #:_____

Or: _____Phone #:_____

Physician's Name & Phone #:_____

List any disabilities or restrictions including allergies:_____
_____ _

MEDICAL RELEASE/WAIVER

At all times while my child is participating in or attending a City of Seguin Parks and Recreation Program("Program"), I (parent/guardian)_____do authorize emergency medical treatment for my child, including authorization to the City of Seguin, EMS and any other medical provider (1) to provide or arrange for emergency medical treatment to my child; and/or (2) to transport my child, via EMS vehicle or otherwise, to a hospital or other medical facility. I understand that every reasonable effort will be made to contact me or other family member of the child as soon as possible in case of an accident, injury or other medical emergency. In consideration for participation in the Program, I, on behalf of my child, myself and any other parent or guardian of my child, assume all risks and hazards to my child incidental to participation in the Program, and waive and release all rights and claims for damages my child, I or any other parent or guardian of my child may have against City of Seguin and their employees, officers and volunteers. I, on behalf of myself and any other parent or guardian of my child, agree to indemnify and hold harmless the City of Seguin and their employees, officers and volunteers from any and all claims and damages, including punitive damages, related to any injury, illness or other medical condition my child may receive or incur while participating in the Program or to medical treatment of my child authorized above.

_____/_____
Signature Date

_____
Receipt # & Date **(Office Use Only)**