

**Registration Form
Taylorville Park District
Baby Swim Lessons**

Childs Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone #: _____ Age (both): _____

Childs DOB: _____

Session: _____ Fee: _____ Paid(office Use): _____

Emergency contact & Phone: _____

Medical conditions/behavior problems or medications that the staff should be aware of _____

Session 1
June 11-June 22
M/W/F
10:30-11:00a.m.
\$25.00

Session 2
July 9- July 20
M/W/F
10:30-11:00a.m.
\$25.00

As parent or legal guardian of the above participant of a Taylorville Park District Program, I do recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries, damage or loss which the above participant may sustain as a result of their participation, in any manner, in any and all activities associated with this program.

As a parent or legal guardian of the above participant, I attest and verify that the above named participant is physically fit and is sufficiently able to participate in the above named program.

As a parent or legal guardian of the above participant I further agree to waive, release, and relinquish any and all claims of the participation on a Taylorville Park District program against the Taylorville Park District, its employees, agents, trustees or sponsors as a result of any injuries the above participant may incur while participating in a Taylorville Park District Program.

Parent/Legal Guardian Signature: _____

Date: _____

