

Taylorville Community Pleasure Driveway and Park District  
P.O. Box 263, Taylorville, Illinois 62568 (217) 824-5878 (217) 824-3110

## Registration Form Swim Lessons 2012

Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Session & Time \_\_\_\_\_ Fee: \_\_\_\_\_ Paid(office use): \_\_\_\_\_

Emergency contact & Phone: \_\_\_\_\_

Medical conditions/behavior problems or medications that the staff/TPD should be aware of in case of an emergency: \_\_\_\_\_

\_\_\_\_\_

As parent or legal guardian of the above participant of the 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 legal guardian of the above participant or as a 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 legal guardian of the above participant or as a participant, I further agree to waive, release, and relinquish any and all claims of the participation in 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/Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work &/or Cell Phone: \_\_\_\_\_

### **Swim Sessions, Times and Fees**

<u>Sessions</u>	<u>Times</u>	<u>Fee</u>
Session 1- June 11- June 22	9:00 a.m.	\$30 for 1 week
Session 2- June 25-July 6	10:00 a.m.	\$45 for 2 weeks
Session 3- July 9- July 20	11:00 a.m.	
Session 4- July 23- August 3		