



CITY OF
MOUNT
DORA

PARKS AND RECREATION

Swim Lesson Registration Form

Please Circle Date and Time Choices

Skill Level: Beginner Intermediate Advanced

Date:

Session 1 *Session 2* *Session 3* *Session 4* *Session 5*
June 3rd – June 14th *June 17th – June 28th* *July 1st – July 12th* *July 15th – July 26th* *July 29rd – August 9th*

Time:

10:00am – 10:30am *10:30am – 11:00am* *11:00am – 11:30am*
6:00pm – 6:30pm *6:30pm – 7:00pm* *7:00pm – 7:30pm*

Participants Name: _____
Gender: Male Female Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Date of Birth: _____
Place of Employment: _____
E-mail Address: _____

Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Date of Birth: _____
Place of Employment: _____
E-mail Address: _____

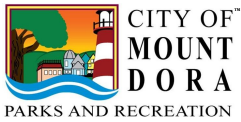
Emergency Contact (other than parent): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Date of Birth: _____

BACK →

Office use only

Registration taken by: _____
Shirt Size: _____
Amount Received: _____
Copy of ID: Yes No

Date: _____
Received Shirt: Yes No
 Check Cash Credit



Waiver & Release of Liability

I/(We) _____, parent/ guardian of _____ for myself, my heirs and personal representatives, hereby freely and voluntarily assume all liabilities, risks, injuries, and hazards incidental to participation in this Parks & Recreation Department Program whether due to my negligence or the negligence of others including transportation to or from said activity. I acknowledge the fact that this program may/or does involve physical contact with inherent risks or other conditions where injuries may occur. I do hereby waive, release, and agree to hold harmless to the City of Mount Dora Parks & Recreation Department, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations, and participants for any claim, demand liability, costs, suits, charges, or compensation for loss of injury of any kind arising out of a loss or an injury. I acknowledge that the City of Mount Dora Parks & Recreation Department will not assume any costs relating to any injury while I am involved in this activity. I acknowledge that, absent this Assumption of Risk, the City of Mount Dora Parks & Recreation Department or other sponsors of the activity would not have offered me access to this activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free.

In order to expedite the care of my (our) child named above, I (we) give permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I (we) agree to be financially responsible for my (our) child's treatment. I (we) also request that I (we) (or the alternate emergency contact person listed) be notified of my (our) child's condition and admission as soon as possible.

In the event of a life-threatening accident or illness, I (we) understand that The City of Mount Dora Parks and Recreation Department or its representatives, may contact 911 Services immediately. I (we) agree to be financially responsible for my (our) child's care and treatment.

I also hereby give permission for images of my child and I, captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of promotional material, social media and publications, and waive any rights of compensation or ownership there to.

Signature

Date

Insurance Information:

Company Policy Number

Name on Plan