

Prattville Parks and Recreation Department

(Mailing Address) 101 West Main Street
Prattville, Al 36067

SWIMMING LESSONS: (LOOK ON BACK FOR SCHEDULE & INFORMATION)

Participants Name

Address

City

Zip

To be filled out by parent or guardian.

BirthDay: _____ Today's age: _____

Mother's Name

Work Phone

Home Phone

Cell Phone

Father's Name

Work Phone

Home Phone

Cell Phone

E-mail Address: _____

PHOTO POLICY: Photos are periodically taken of participants in our Programs. These photos may be used in our brochures. If you do not want to be apart of this photo policy, please advise.

Waiver of Liability

I, the undersigned, understand and acknowledge that participating in a recreation activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program. I and anyone entitled to act on my behalf waive and release the City of Prattville, the Prattville Parks and Recreation Department, it's co-sponsors, their representatives' and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: _____ Today's Date: _____
Of participant (age 18 and over)
Of Parent or Guardian (if under age 18)

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Office Use Only
Resident Fee: \$ _____ Non-City Limit Resident Fee: \$ _____

Cash: _____ Check #: _____ Credit Card Rec# _____

Received By: _____ Date: _____

AGES 3 & UP SWIMMING LESSONS

MAY 30 – JUNE 9 10:15 – 11:00 _____ OR 5:45 – 6:30 P.M. _____
 11:15 – 12:00 _____ (NO CLASS MAY 29)

JUNE 12 – JUNE 23 10:15 – 11:00 _____ OR 5:45 – 6:30 P.M. _____
 11:15 – 12:00 _____

JUNE 26 – JULY 7 10:15 – 11:00 _____ OR 5:45 – 6:30 P.M. _____
 11:15 – 12:00 _____ (NO CLASS JULY 4)

JULY 10– JULY 21 10:15 – 11:00 _____ OR 5:45 – 6:30 P.M. _____
 11:15 – 12:00 _____

\$50.00 PER CHILD PER SESSION

\$10.00 ADDITIONAL FEE OUTSIDE CITY LIMITS

NO LESSONS ON MONDAY, MAY 29

NO LESSONS ON MONDAY, JULY 4

MEDICAL INFORMATION

Does the participants have any medical condition of which the instructor should be aware? (For example: diabetes, seizures, disabilities, etc.) Circle One: Yes No

DAYS LOST DUE TO INCLEMENT WEATHER WILL NOT BE MADE UP.

ONCE THE LESSON STARTS YOU CAN NOT CHANGE SESSIONS OR RECEIVE A REFUND.

SWIMMING SESSIONS ARE TWO CONSECUTIVE WEEKS, NOT INCLUDING WEEKENDS.

YOU CAN NOT CHOOSE A SWIMMING INSTRUCTOR.