



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.

Birthdate: _____

Today's age: _____

Name

Work Phone

Home Phone

Cell Phone

Mother's

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

Fee \$ _____ **Date:** _____

Cash: _____ **Check #:** _____ **Credit Card Rec#** _____ **Received By:** _____

AGES 3 & UP SWIMMING LESSONS

JUNE 7 – JUNE 18	10:15 - 11:00 _____	5:30 – 6:15 P.M. _____
	11:15 - 12:00 _____	6:30 – 7:15 P.M. _____
JUNE 21 – JULY 2	10:15 - 11:00 _____	5:30 – 6:15 P.M. _____
	11:15 - 12:00 _____	6:30 – 7:15 P.M. _____
JULY 12 – JULY 23	10:15 - 11:00 _____	5:30 – 6:15 P.M. _____
	11:15 - 12:00 _____	6:30 – 7:15 P.M. _____

\$50.00 PER CHILD PER SESSION

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

PARENTS ARE NOT ALLOWED ON THE POOL DECK DURING CLASSES. DUE TO COVID YOU WILL HAVE TO SIT OUTSIDE THE FENCE IN THE GRASSY AREA. YOU WILL BE ABLE TO SEE YOUR CHILD.

DAYS LOST DUE TO INCLEMENT WEATHER WILL NOT BE MADE UP

ONCE THE LESSONS START YOU CAN NOT CHANGE SESSIONS OR RECEIVE A REFUND

SWIMMING SESSIONS ARE TWO CONSECUTIVE WEEKS, NOT INCLUDING WEEKENDS

YOU CANNOT CHOOSE A SWIMMING INSTRUCTOR

FIRST DAY WILL BE EVALUATIONS FOR SKILL LEVELS