



Bennett Park and Recreation 2019 Private/Semi-Private Swim Lessons Registration Form. Please Fill Out Completely

Parent/Guardian Last Name _____ Parent/Guardian First Name _____
 Contact Phone (____) _____ Cell Phone (____) _____
 Emergency (____) _____ Alternative Parent/Guardian _____
 Street Address _____
 Mailing Address _____
 City _____ State _____ Zip Code _____ Email _____

Please check if you do not want to be on our Emailing List

Participants Name (First/Last)	Gender F/M	Date of Birth (mm/dd/yy)

- Private swim lessons (1 child, 4 days) \$70 Member, \$80 Non-member
- Semi-private swim lessons (up to 2 children, 4 days) \$60 Member, \$70 Non-member
cost is per child, total for both children must be paid together

Private and semi-private lessons are scheduled on a case per case bases.
 Please let us know which times and dates would work best for you and our instructor will contact you to make final arrangements.

Choice 1 (day/time): _____
 Choice 2 (day/time): _____
 Choice 3 (day/time): _____

Has the participant taken swim lessons in the past? YES NO

Total Payment Included

There is a \$50 processing fee for all returned checks. \$

Photograph Release Authorization

From time to time, photos will be taken of children, staff, parents, and center activities. Bennett Park and Rec center requests permission to use these photos for our Webpage, Web feeds, scrapbooks, center related video and slide presentations, marketing/promotional purposes, etc. Please complete the form below to let us know if you authorize the release of you/your child's picture for these purposes.

Child's Photo/Video Authorization

_____ I authorize the use of **MY CHILD'S** photography/video to be used by Bennett Park and Recreation District.

_____ I do **NOT** authorize the use of **MY CHILD'S** photography/video to be used by Bennett Park and Recreation District.

Name of Minor Child: _____

Parent/Guardian Signature: _____ Date: _____

Parent's Photo/Video Authorization

_____ I authorize the use of **MY** photography/video to be used by Bennett Park and Recreation District.

_____ I do **NOT** authorize the use of **MY** photography/video to be used by Bennett Park and Recreation District.

Name (printed): _____

Signature: _____ Date: _____

Please Review and Sign Waiver

In accordance with the American with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? Yes No If yes, please describe: _____

Your suggestion for a program: _____

I recognize and acknowledge that there are certain risks of physical injuries to participants in these programs/activities. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Bennett Parks and Recreation District including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Bennett Parks and Recreation District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs or activities. I have read and fully understand the above important information, warning or risk, assumption or risk and waiver and release of all claims.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

X _____ Date _____

Bennett Park and Recreation District
455 S First Street
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(303)644-5040