Date	Receipt #	Membership	o#	Initials		
BPRD		Bennett / SEMI-PRIV	Park and R ATE Swit ration Forn	m Lessons 20	23	
Parent's First Name		Parent's Last	Parent's Last Name			
Cell Phone		Email				
Emergency Contact Name		Emergency C	Emergency Contact Phone			
Do you have a family m *This is required to recei	nembership at BPRD in which we the member discount*	the below listed swimmers YES	s are on the member	ship?		
PHYSICAL Address						
City		State	Zip Code	County		
Swin	nmer's Name (First/Last)	Ag	e	Date of Birth (mm/dd/yy)		
	vim lessons \$125 Memb , 4 days, 30 minutes per sess		er			
	ate swim lessons \$100 N			nust be paid together*		
Please let us know v	rivate lessons are schedu which times and dates w L payment must be rece	vould work best for y	ou and our instr	uctor will contact you to	make fina	
Choice 1 (day/time)):					
Choice 2 (day/time)):					
):					
Has the swimmer ta			s 🗆 NO			

FOR OFFICE USE ONLY Punch Card Type—Swim Lessons Total Payment Due \$ _____ Punch card#- FC_______

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

SWIM WAIVER

Swimming under this waiver releases Bennett Park and Recreation District, it's employees, members, patrons, volunteers and board members from any responsibility in the event of any injury, accident, illness, death or loss incurred while using the aquatic facility.

Swimming under this waiver is also subject to agreeing to all conditions as described in the Pool Rules & Regulations posters that are in the aquatic facility. By signing this waiver, you are agreeing that you have read, fully understand, and are responsible for complying with the Pool Rules & Regulations as well as the posted facility rules.

Please initial next to each statement acknowledging you have read them and will a	bide by the rules of participating in this
program:	
I understand that there may not be a lifeguard will be on duty at the time I/m	y minor children will be swimming.
I understand that I/my minor children must sign in and out for record keeping	g purposes.
I understand that I/my minor children must wear appropriate and approved sy	wim wear inside of the pool at all times.
I understand that I/my minor children must take a shower, getting wet compl	
the pool (as per the local health department's regulation).	,
I understand that I/my minor children are not allowed to be in the water with	out direct supervision by the adult giving
the lessons. Students are expected to sit on the bleachers/benches in the aquatic are	
for them. Any student who breaks this rule and enters the water without permission	
program and refunds/credits will not be given.	1 1
I agree to assume all fiscal responsibility for medical rescue or other expense	es that I/my minor children may incur as
a result in participating in this aquatic program.	j j
I acknowledge that failure on my/my minor children's part, whether direct or	indirect, to comply with these require-
ments and acknowledgments, shall result in the revocation of my right to participa	
I understand that I will be held liable for any lost, damaged, or broken proper	
dren cause while participating in this program.	
I understand that swim lessons are not refundable or transferable. No cr	edits will be given for cancelled,
missed or no-show appointments. A 48 hour notice is required to reschedule a	private or semi-private lesson, group
lessons cannot be rescheduled. Lack of a 48 hour notice will result in a no-sho	w. Being more than 10 minutes late to
your scheduled lesson will result in a no-show. No-show lessons will not be res	cheduled or made up.
RISK WAIVER & RELEASE OF LIABI	LITY
I recognize and acknowledge that there are certain risks of physical injury to	
activities, and I voluntarily agree to assume the full risk of any and all injur-	
severity, that my minor child/ward or I may sustain as a result of said partic	ipation. I further agree to waive and
relinquish all claims I or my minor child/ward may have (or accrue to me or	r my child/ward) as a result of partici-
pating in these programs/activities against the Bennett Parks and Recreation	
	_
agents, volunteers and employees. I do hereby fully release and forever dis-	_
tion District from any and all claims for injuries, damages, or loss that my n	ninor child/ward or I may have or
which may accrue to me or my minor child/ward and arising out of, connec	ted with, or in any way associated
with these programs or activities. I have read and fully understand the above	
	c important information, warning of
risk, assumption of risk and waiver and release of all claims.	
BY SIGNING THIS FORM YOUR ARE AGREEING TO TH	HE RELEASE OF LIABIL-
ITY, ABOVE LISTED PROGRAM RULES, AQUATIC FAC	TILITY AND FACILITY
· · ·	
RULES.	
X 7	
X	T. 1. 1. D.
Signature	Today's Date