



2016 SWIMMING LESSON REGISTRATION FORM

Please print clearly. Fill out completely for prompt processing. Registration form required for each session unless you are paying for more than one session at a time. Make sure you indicate what session you are registering for.

Registration begins: June 11, 2016

Lesson Registration Fee: \$25 In-City \$31.25 Non-City

30 minutes a day:

Session #1 Monday - Friday, June 20th – July 1st

Session #2 Monday - Friday, July 4th - July 15th

Session #3 Monday - Friday, July 18th- July 29th

Session #4 Monday - Friday, August 1st – August 12th

Print Name: _____

(Parent name if participant is under 18 years old)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Session #	Age	Participants Name	Time	Class Description
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
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Release of Liability

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I hereby give my permission for my child/myself to participate in the Sunnyside Pool Swimming Lessons. In consideration of this permission, I the undersigned do hereby, for and on behalf of said participant, or heirs, executors, administrators of assigns, waive, release, and forever discharge any and all rights the City of Sunnyside, and/or its respective officers, agents, representatives, successors and/or assigns for any and all injuries or damages which may be sustained or suffered by said child/person in consideration with, entry in, and/or arising out of traveling to, participation in or returning from said activity or event.

Signature: _____ Date: _____

OFFICE USE ONLY: Amount Paid: _____ Cash Check:

Date Paid: _____ Receipt #: _____ Staff Name: _____