



AQUATIC REGISTRATION

Date: _____
 Membership: Y N
 Complete form: Y
 Attachments: Y
 Payment info: Y
 Staff initial: _____
Staff use only

Aquatic Registration Form

Parent/Guardian: _____

Participant's Name: _____

Street Address: _____

City/State/Zip: _____

Phone - Home: _____ - _____ - _____ Work: _____ - _____ - _____

Emergency Contact/Phone: _____ - _____ - _____

Credit Card - Type: **VISA** #: _____ **MC** CODE _____ Exp Date: _____

Procedure Information:

- Please complete separate forms for each participant
- Your registration will be date stamped when dropped off
- Please attach placement card
- Please list participant's age
- Please circle choices

PROGRAM	Level (CIRCLE)	Day (CIRCLE)	Time (WRITE IN)	Fee (WRITE IN)
IDAP Date of Birth: _____	6-18 months 19-23 months 24+ months	MON SAT FRI SAT WED SAT	_____ _____ _____	_____ _____ _____
Pre-School 3-5 years Date of Birth: _____	A B C D E Must be born before 3/21/2002	M T W TH F S M T W TH F S M T W TH F S	_____ _____ _____	_____ _____ _____
Presently Enrolled in Kindergarten through 12 years Age: _____	1 2 3 4 5	M T W TH F S M T W TH F S M T W TH F S	_____ _____ _____	_____ _____ _____

Changes will not be honored until all applications are processed.

Anyone with special needs should contact Barbara Carvalho at 431-2755

Is child in good physical condition? _____ If not, explain briefly _____

Any special info staff should know? _____

REFUNDS: If an individual cancels a class within 1 week before Monday of the first class, a \$25.00 administrative fee will be deducted. Once classes are in session there will be no refunds. We will not honor pro-rated refunds.

WAIVER OF TOWN LIABILITY: I recognize that by the nature of this activity that an injury might occur. In the event of an injury to my family member or myself, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Parks & Recreation, its employees, and instructors. I understand that this release applies to any present or future injuries. **I agree that all photos taken during activities may be used for local advertising at the discretion of the Recreation Center.**

I have read this form and sign it voluntarily.

Signed: _____ Date: _____

