



FULTON
Parks & Recreation



SWIMMING LESSON REGISTRATION FORM

Participant Last Name: _____ Participant First Name: _____

Birthdate: _____ Age: (as of July 9, 2018) _____ Gender: Male Female

Address: _____

Mom's Name: _____ Dad's Name: _____

Mom's email: _____ Dad's email: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

Mom's Evening Phone: _____ Dad's Evening Phone: _____

Please check the class you would like to participate in, class size is limited.

SESSION 1 (July 9th-July 19th)

Monday-Thursday

SESSION 2 (July 23rd-August 2nd)

Ages 6-12:

- ___ Level 5 (24 max), 8:55am-9:45am
- ___ Level 2 (18 max), 9:50am-10:25am
- ___ Level 4 (18 max), 9:50am-10:25am
- ___ Level 1 (18 max), 10:30am-11:05am
- ___ Level 3 (18 max), 10:30am-11:05am

Ages 6-12:

- ___ Level 5 (24 max), 8:55am-9:45am
- ___ Level 2 (18 max), 9:50am-10:25am
- ___ Level 4 (18 max), 9:50am-10:25am
- ___ Level 1 (18 max), 10:30am-11:05am
- ___ Level 3 (18 max), 10:30am-11:05am

Ages 3-5:

- ___ Preschool Class 1 (10 max), 11:10am-11:45am
- ___ Preschool Class 2 (10 max), 11:10am-11:45am

Ages 3-5:

- ___ Preschool Class 1 (10 max), 11:10am-11:45am
- ___ Preschool Class 2 (10 max), 11:10am-11:45am

PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

I understand that team members are expected to attend practices, obey team rules of coaches and obey rules of the Parks and Recreation Department. I, as a parent, pledge to demonstrate good sportsmanship and agree to abide by all Parks & Recreation rules and regulations. Those failing to do so will forfeit their uniform, registration fee and position on the team.

I/we the parent(s)/guardian(s) of the above named player understand there are inherent risks involved with sports participation and do hereby give permission for him/her to participate in any and all league activities during the named program. In consideration of the acceptance of the above entry as a member of the program conducted by the Fulton Parks and Recreation Department, I do hereby waive, release and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against the Parks and Recreation Department of the City of Fulton, and their representatives or successors, and/or arising out of travel to and return from said activities conducted through the year.

Signature of parent/guardian

Date: _____

The City of Fulton Parks & Rec Dept has a scholarship program available and we encourage people of all income levels to participate in our programs.

The Parks & Recreation Dept. also welcomes people of all abilities to participate in its programs We will make all reasonable efforts to include people of all ability or skill levels.

--- FOR OFFICE USE ONLY ---

Registration Fee Paid: \$ _____ Balance Due: \$ _____ Received By: _____

Method of Payment: ___ Check ___ Cash ___ Money Order ___ Scholarship Date: _____