

Windsor Locks Park and Recreation

Fall Swim Lessons

Office Use
Date _____
Cash / Check # _____
\$ _____

For children ages 4 to 8 years old

\$18.00 per 6-week session

CHILD'S NAME _____ AGE _____ DOB _____

PARENT'S NAME(S) _____ PHONE _____

ADDRESS _____

EMAIL _____ ALTERNATE PHONE _____

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

I certify that the above information is true:

(PARENT OR GUARDIAN SIGNATURE) (DATE)

LIABILITY WAIVER

Know that I, _____, hereby give my son / daughter
(please circle one)

_____ permission to participate in the Town of Windsor Locks **Fall Swim Lessons**. In consideration for my child's ability to participate in the **Fall Swim Lessons**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Fall Swim Lessons**.

I certify that the above statements are true:

(PARENT OR GUARDIAN SIGNATURE) (DATE)