



SWIMMING LESSONS 2017

Please complete one registration form per child

PARTICIPANT'S INFORMATION

| | | |
|---------|------------------|-----------|
| Name | Birthdate / / | Age |
| Address | City | State Zip |

PLEASE CHECK THE SESSION(S) PARTICIPANT IS REGISTERING FOR:

CLASS INFORMATION: ~ Classes are 45 minutes long
 ~ Each session runs Monday-Friday (following Monday held as weather related make-up day)
FEE: \$30.00 (per child per session)

SESSION #1: JUNE 5-9, 2017

- 9:00am-9:45am.....Levels Offered: Preschool, Beginner, Intermediate, Advanced
- 5:15pm-6:00pm.....Levels Offered: Infant, Preschool, Beginner, Intermediate, Advanced
- 6:15pm-7:00pm.....Levels Offered: Preschool, Beginner, Intermediate, Advanced

SESSION #2: JUNE 19-23, 2017

- 9:00am-9:45am.....Levels Offered: Preschool, Beginner, Intermediate, Advanced
- 5:15pm-6:00pm.....Levels Offered: Infant, Preschool, Beginner, Intermediate, Advanced
- 6:15pm-7:00pm.....Levels Offered: Preschool, Beginner, Intermediate, Advanced

PARENT / GUARDIAN (for participants under 18 years old)

| | | | |
|-----------------|-------------------------------|------|-----------|
| Name | | | |
| Address | | City | State Zip |
| Home/Cell Phone | E-Mail Address (if available) | | |

MEDICAL INSURANCE INFORMATION

Check name of health insurance (medical insurance is required for all programs of the Parks and Recreation)

- BCBS
- Amerigroup
- TennCare
- United Healthcare
- Cigna
- Aetna
- CoverKids TN
- Medicaid
- Americhoice
- Other _____
- Do not have insurance

REC-1 Accident Insurance is \$6.00/child and is available for purchase through the Parks and Recreation

PARTICIPANT'S MEDICAL INFORMATION

Are there any special needs or medical problems we need to be made aware of?

WAIVER OF LIABILITY

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I or my child may have against the Lawrenceburg Parks and Recreation Department and it's representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by this group.

| | |
|--|--------------------|
| SIGNATURE OF PARENT/GUARDIAN (under 18 years old must be signed by parent/guardian) | DATE / / |
|--|--------------------|