

# City of Alliance/Red Cross Swim Lessons

\$30.00 ea student	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK
Pd/Tender Type	Staff Initials

## LEARN TO SWIM INFORMATION FORM

Name of Child: \_\_\_\_\_

Level \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Gender: (circle one) M/F

Parents/Legal Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of or that would help us in working with your child:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Info in case of accident or illness, or if a parent cannot be reached:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ ("Participant") to participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and/or the City of Alliance American Red Cross and their designated officers and agents. I understand that when learning to swim and swimming, Participant will encounter dangers inherent in swimming and engaging in physical activity, which can result in minor or serious injuries or death. I understand that by allowing Participant to participate in swimming lessons, he or she will be exposed to these dangers and I consent to Participant's participation. I hereby waive all demands, claims, suits, and causes of action of any kind or nature against the City of Alliance and the Red Cross and their respective directors, council members, employees, volunteers, agents, subsidiaries, affiliates, successors and assigns which arise out of or relate in any way to Participant's participation in these swimming lessons.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Special Requests: