



# CALDWELL PARKS & RECREATION

## Swim Lesson Registration and Waiver Form



**Please read all directions before filling out form**

1. Fill in form completely;
2. Add all program fees and include a check for full amount made out to City of Caldwell;
3. Drop off completed form to: **Caldwell Parks and Recreation, 618 Irving St, Caldwell, ID 83605**
4. Office hours are 8:00 am – 5:00 p.m. Monday – Friday Phone: 208-455-3060

The fee for a two-week session is \$25.00 for city residents and \$30.00 for non-city residents for a half-hour class. Level 6 is \$35.00 for city residents and \$40.00 for non-city residents for a one-hour class. Lessons cancelled due to weather will not be made up or refunded. **\*No changes or refunds will be issued once a child is enrolled in a class.\***

**Parent or Guardian Information:**

**NAME:**

FIRST	LAST	MI
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**RESIDENTIAL ADDRESS:**

STREET		
CITY	STATE	ZIP

**MAILING ADDRESS: (if different from above)**

STREET		
CITY	STATE	ZIP

**CONTACT INFORMATION:**

E-MAIL ADDRESS	To receive promotional information via email concerning future activities check here <input type="checkbox"/>
HOME PHONE	WORK PHONE
	CELL PHONE

**IN CASE OF EMERGENCY, CONTACT: (if parent is unable to be reached)**

FIRST	LAST	MI
PHONE	RELATIONSHIP TO PARTICIPANT	

**Participant 1 Information:**

\*\*\*For additional participants please see back of form\*\*\*

**NAME:**

FIRST	LAST	MI
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**PERSONAL INFORMATION:**

GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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**ACTIVITY**

LEVEL	TIME	SESSION	FEE

**Authorization for Program Participation:**

1. I, the undersigned, hereby agree to allow the individual(s) named to participate in the City of Caldwell Parks & Recreation activities listed above.
2. I certify that, to the best of my knowledge, the participant(s) named herein is/are physically able to engage in these activities.
3. In consideration of acceptance of the registration, I for myself, children, guardianship, and anyone entitled to act on the behalf of anyone registered for the above mentioned programs, agree to waive any claim against the City of Caldwell, its employees, or its agents for injuries that may occur as a result of my participation in this program. My signature acknowledges that I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury.
4. I give my consent to use any photographs or videotape taken of myself or of the participant in future promotional or marketing materials.
5. I hereby attest that I have read, understand and agree to the above statements.

Signature \_\_\_\_\_ Full Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**Participant 2 Information:**

**NAME:**

FIRST	LAST	MI
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**PERSONAL INFORMATION:**

GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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**ACTIVITY**

LEVEL	TIME	SESSION	FEE

**Participant 3 Information:**

**NAME:**

FIRST	LAST	MI
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**PERSONAL INFORMATION:**

GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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**ACTIVITY**

LEVEL	TIME	SESSION	FEE

**Participant 4 Information:**

**NAME:**

FIRST	LAST	MI
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**PERSONAL INFORMATION:**

GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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**ACTIVITY**

LEVEL	TIME	SESSION	FEE

**Participant 5 Information:**

**NAME:**

FIRST	LAST	MI
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**PERSONAL INFORMATION:**

GENDER check one: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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**ACTIVITY**

LEVEL	TIME	SESSION	FEE