



Swim Lesson ONLY Registration Form

Please print clearly and complete all fields

Parent/Guardian: _____ Phone: _____
 (Last Name) (First Name) (Primary)

Address: _____
 (Street, City, Zip) (E-mail)

Participant's Information:

Last Name	First Name	M/F	Age	D.O.B.	Level	1 st Class Choice	2 nd Class Choice	Fee

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

Signature: _____ Date: _____