REGISTRATION FORM

SUMMER SWIM 2021 – LAKE MISSAUKEE COMMUNITY SWIM PROGRAM

NOTE: PLEASE RETURN BY JUNE 21, 2021, THIS PAGE #3 REGISTRATION FORM, WITHOUT PAYMENT, USING THE ON LINE FACEBOOK PAGE "Lake Missaukee Community Swim Program" OR TAKING OR MAILING TO THE MISSAUKEE DISTRICT LIBRARY. PAYMENT WILL NOT BE ACCEPTED UNTIL FIRST DAY OF CLASS - EITHER JULY 12 OR JULY 26.

Child's Name _____ Age _____ Male/Female
Child's Name _____ Age _____ Male/Female
Child's Name _____ Age _____ Male/Female
Child's Name _____ Age _____ Male/Female
House Address _____ City _____ Zip _____
Email Address _____
Parent/Guardian Name _____
Cell Phone _____ Alternate Phone _____
Emergency Contact Name _____ Relationship _____ Phone _____
Medical/health information/concerns instructors should know: _____

SWIM LEVELS – Write each child's name at the level you understand they are at this time:

Level 1 – Beginner _____
Level 2 – Advanced Beginner _____
Level 3 – Intermediate _____
Level 4 – Swimmer Improvement _____
Level 5 – Swimmer Refinement _____

* How did you find out about lessons?

School Name _____

SESSION – Please mark the date of your session preference:

_____ Session #1 – July 12 – July 23 _____Session #2 – July 26 – August 6

LESSON TIME – Please mark first, second, and third choice for times you prefer during the session:

_____ 1:00 pm _____1:45 pm _____2:30 pm _____3:15 pm _____4:00 pm

SWIM PROGRAM CONSENT AND WAIVER SIGN-OFF - PLEASE READ AND SIGN BELOW:

I, the undersigned parent or legal guardian, do authorize and give consent to the swim instructors of the Lake Missaukee Community Swim Program (LMCSP), to pursue emergency medical treatment in the event it is needed. I hereby consent that: (child(ren)'s name(s)) _____, may participate in the LMCSP, and I hereby assert that my child is physically able to participate in said activity. I am aware of the nature of the program for which I am registering my child(ren) being permitted to participate in the swim program held at the Missaukee County Park in Lake Missaukee. I hereby agree to assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance, the LMCSP Board, Committees, Chamber, City of Lake City, Missaukee County Parks, its officers, employees, agents, and volunteers, (hereafter collectively the "Committee"), from any and all liability for personal injury, death, or property damage which I or my child(ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of the Committee's negligence or carelessness. I further agree, that this waiver, release and assumption of risk is to be binding upon me and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses, and expenses, including attorney fees, which they may incur as a result of my child(ren's) participation in the program.

Signature _____ Print Name _____ Date _____

PHOTO RELEASE SIGN OFF – I grant the LMCSP permission to use, without liability, any photo for promotional materials or news items.

Signature _____ Print Name _____ Date _____