

# Prattville Parks and Recreation Department

(Mailing Address) 101 West Main Street  
Prattville, Al 36067

## **SWIMMING LESSONS:** **(LOOK ON BACK FOR SCHEDULE & INFORMATION)**

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\*\*\*\*\*

To be filled out by parent or guardian.

\_\_\_\_\_  
Birthday:

\_\_\_\_\_  
Today's age:

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address:

**PHOTO POLICY:** Photos are periodically taken of participants in our Programs. These photos may be used in our brochures. If you do not want to be apart of this photo policy, please advise.

### **Waiver of Liability**

I, the undersigned, understand and acknowledge that participating in a recreation activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program. I and anyone entitled to act on my behalf waive and release the City of Prattville, the Prattville Parks and Recreation Department, it's co-sponsors, their representatives' and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

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

Today's Date: \_\_\_\_\_

Of participant (age 18 and over)

Of Parent or Guardian (if under age 18)

.....

### **Office Use Only**

Resident Fee: \$ \_\_\_\_\_

Non-City Limit Resident Fee: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card Rec# \_\_\_\_\_ Received By: \_\_\_\_\_

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

## **AGES 3 & UP SWIMMING LESSONS**

MAY 31 – JUNE 10      10:15 – 11:00 \_\_\_\_\_ OR    5:40 – 6:25 P.M. \_\_\_\_\_  
                                 11:05 – 11:50 \_\_\_\_\_

JUNE 13 – JUNE 24      10:15 – 11:00 \_\_\_\_\_ OR    5:40 – 6:25 P.M. \_\_\_\_\_  
                                 11:05 - 11:50 \_\_\_\_\_

JUNE 27 – JULY 8      10:15 – 11:00 \_\_\_\_\_ OR    5:40 – 6:25 P.M. \_\_\_\_\_  
                                 11:05 - 11:50 \_\_\_\_\_

JULY 11– JULY 22      10:15 - 11:00 \_\_\_\_\_ OR    5:40 – 6:25 P.M. \_\_\_\_\_  
                                 11:05 - 11:50 \_\_\_\_\_

**\$50.00 PER CHILD PER SESSION**

**\$10.00 ADDITIONAL FEE OUTSIDE CITY LIMITS**

**NO LESSONS ON MONDAY, MAY 30**

**NO LESSONS ON MONDAY, JULY 4**

### **MEDICAL INFORMATION**

**Does the participants have any medical condition of which the instructor should be aware? (For example: diabetes, seizures, disabilities, etc.) Circle One: Yes No**

**DAYS LOST DUE TO INCLEMENT WEATHER  
WILL NOT BE MADE UP**

**ONCE THE LESSONS START YOU CAN NOT  
CHANGE SESSIONS OR RECEIVE A REFUND**

**SWIMMING SESSIONS ARE TWO CONSECUTIVE  
WEEKS, NOT INCLUDING WEEKENDS**

**YOU CANNOT CHOOSE A SWIMMING INSTRUCTOR**