



Arbuckle Parks & Recreation District

**WORLD'S LARGEST SWIM LESSON
Registration Form**

Name _____

Age _____ Date of Birth _____

Father Name _____ Mother Name _____

Home Phone _____ Work/Cell Phone(s) _____

Address _____

Email _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone _____ Relationship _____

MEDICAL INFORMATION

Health Insurance Company _____

Family Physician _____

Address _____ Phone _____

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give my permission for the above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her own risk.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE: I hereby give my consent to ARPD to post photographic images of my child for the purpose of acknowledging awards, community recognition and publicity on the ARPD's website and ARPD's Facebook account. I understand that no other personal identifiable information about my child will be published with the photograph.

Parent/Guardian Signature _____ Date _____

Fees: FREE



Arbuckle Parks & Recreation District

**WORLD'S LARGEST SWIM LESSON
Registration Form**

Name _____

Age _____ Date of Birth _____

Father Name _____ Mother Name _____

Home Phone _____ Work/Cell Phone(s) _____

Address _____

Email _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone _____ Relationship _____

MEDICAL INFORMATION

Health Insurance Company _____

Family Physician _____

Address _____ Phone _____

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give my permission for the above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her own risk.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE: I hereby give my consent to ARPD to post photographic images of my child for the purpose of acknowledging awards, community recognition and publicity on the ARPD's website and ARPD's Facebook account. I understand that no other personal identifiable information about my child will be published with the photograph.

Parent/Guardian Signature _____ Date _____

Fees: FREE