



Private Swim Lesson Registration Form 2019

Private Swim Lessons: \$15/Lesson (resident*), \$20/Lesson (non-resident)

Registration Deadline is the Thursday before the following week

*Must show proof of residency at time of purchase

30 Minute Lessons

Main Contact (all information is required. Please print and write legibly):

Name (Last, First): _____

Address _____ City _____ State _____ Zip _____

Number to Contact for Cancellations/Changes: _____

E-Mail: _____ How did you hear about the program? _____

I would like to be contacted for cancellations or changes by (circle one): Phone Call E-mail Text Message

1. Guardian _____ Phone _____ Emergency Contact

2. Guardian _____ Phone _____ Emergency Contact

Medical

List any medical conditions if any: _____

This does not apply to my child (check if applicable)

Participant information:

1. Participants Name _____ M F

DOB _____ Age (as of June 1) _____ Instructor _____

Dates and Times Requested _____

Has your child ever taken lessons before? Please explain: _____

WAIVER AND RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

In witness whereof, I/we have hereunto set our hands this _____ day of _____, 20____, at Bonner Springs, KS.

X _____
Participant has read all facility rules, waiver and release

X _____
(Guardian and relationship if participant is a minor, has read all facility rules, waiver and release.)

*****FOR OFFICE USE ONLY*****

Staff: _____ Date: _____ Receipt #: _____

Credit Card: _____ Cash: _____ Check #: _____ Total: _____