



Bonner Springs Aquatic Park

Private Swim Lessons Form

Season 2021

Participants Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

School You Attend: _____ Age: _____ Grade: _____ Gender: _____

Parent / Guardian Name: _____

Phone Number: _____ Email: _____

Day
_____ Sunday*
_____ Monday
_____ Tuesday
_____ Wednesday

*No evening times on Sundays

Time
_____ 10:00 AM – 10:30 AM
_____ 10:30 AM – 11:00 AM
_____ 11:00 AM – 11:30 AM
_____ 11:30 AM – 12:00 PM
_____ 7:00 PM – 7:30 PM
_____ 7:30 PM – 8:00 PM
_____ 8:00 PM – 8:30 PM

What skills would you like to work on?

Instructor request:

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. By signing, participant has read all facility rules, waiver and release for all parties involved.

Signature: _____ Date: _____

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

Staff: _____ Date: _____ Receipt: _____

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

* Turn form into Swim Instructor Coordinator *