

Lake Havasu City Parks & Recreation Swim Lesson Registration Form

| | | | |
|---|---------------|-----|-----------------|
| Participant Name (Last Name, First Name) | Date of Birth | Age | Gender (M/F) |
| | | | |
| | | | |

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

In case of emergency contact: _____ Phone: _____

Medical Insurance Co.: _____ Phone: _____

Family Doctor: _____ Phone: _____

Are participants physically able to participate in all activities? _____ Yes _____ No

If no, please explain: _____

Comments: _____

If program is cancelled or needs to be rescheduled, its best to contact you by: _____ Phone _____ or _____ Email

Photographs may be taken for promotional purposes during programs. If you DO NOT wish to have your child(ren)'s photograph published in brochures and/or media releases please check the box at the right.

| Participant's Name | Lesson Level | Session/Date/Time |
|--------------------|--------------|-------------------|
| | | |
| | | |
| | | |

Emergency Medical Release (for participants 17 and under) - To Whom it May Concern

I declare that I am the parent or legal guardian of the above named participants. I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in the Lake Havasu Parks and Recreation Programs. In the event my child is injured or should require medical attention, I hereby authorize staff and/or a volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed numbers.

In case I cannot be reached for an emergency, medical treatment, x-rays, injections, anesthesia or surgery by a qualified physician may proceed without further authorization

Parent or Guardian Signature: _____

Liability Waiver (no registration will be accepted without a signed waiver)

In consideration of the opportunity afforded myself and/or my child by the Lake Havasu City Parks & Recreation Department, I hereby release Lake Havasu City, and the members of its Board of Directors, its employees and volunteers from all actions, damages, claims and demands, in law or in equity of every kind and character I may now or hereafter have against them.

Parent or Guardian Signature: _____

----- For Office Use Only -----

Total Due: \$ _____ **Method of Payment:** _____

Cashier Accepting Payment: _____ **Date:** _____