



Irvingdale Summer Camp



Swim Lessons

Sessions and Times:

Session A June 15–June 25

Session B June 29–July 9

Session C July 13– July 23

Session D July 27-Aug 6

Times are:

8:25a-8:55a 9:00a-9:30a

Fees: \$35/child/session

Participants will be evaluated for class level on the first day of lessons.

Payment is due at time of registration.

One child per registration form.

Proud Provider of



American Red Cross

Aquatics Training

Summer 2015 Swim Lesson Registration

Irvingdale • 1900 Van Dorn • 441-7828

Participant's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of Parent(s)/Guardian(s) _____

Day Phone (Name of Parent at Day Phone) _____ Evening Phone _____

Another Person to contact in case of emergency _____ Phone _____

SESSION(s) REQUESTED _____ Preferred Time _____

Amount Enclosed \$ _____ Cash or Card Receipt # _____

WAIVER AND RELEASE OF ALL CLAIMS

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in Lincoln Parks & Recreation Learn-to-Swim, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

X _____

Signature of Parent/Guardian _____ Relationship _____ Date _____

X _____

Signature of Parent/Guardian _____ Relationship _____ Date _____

Photos: I/we also give absolute and irrevocable right & permission with respect to photographs & video that may be taken of my child/ward to the City of Lincoln for use in promotions/advertising.

X _____

Signature of Parent/Guardian _____ Relationship _____ Date _____

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

X _____

Signature of Parent/Guardian _____ Relationship _____ Date _____