

City of Memphis Division of Park Services Swim Program Registration Form

Name	Age	Male	Female	DOB	
Address					
Telephone	E-mail addre	ess		1	
Parents or legal guardian:					
Mother's Name		Telephone	e (W)	(C)	
Father's Name		_ Telepho	ne (W)	(C)	
Alternate Emergency Informa	ation:				
Name					
Address					
Telephone					
Parental Supervisi	on Required F	or Childr	en Twelve	(12) and Und	ler
	AIVER AND REI				
I hereby waive, release, dis Memphis, its officers, agents rights or causes of action, pro anticipated, which may occu Division of Park Services Sw injury, illness, death, proper inaction, or negligence of th certify that I am in good he would prevent me from part information as required on m of injury, illness, death and p the program.	s and employee esent or future, our as the result im Program, eventy damage or lose City of Mempealth and physicicipating in the say registration for	es from an whether known the sen under coss is caused by the conditions of the sen activities or act	ny and all lenown or unarticipation circumstance ed in whole the fullest extens with no s, and that ressly and v	iability, claims, known, anticip in the City of es in which suce or in part by tent permitted physical limit I have provided oluntarily assumble in the coluntarily assumble in the columble in th	, demands, pated or not in Memphis, ch personal the action, by law. Itations that d all health me all risks
I ACKNOWLEDGE THAT UNDERSTAND THE RIST DIVISION OF PARK SERV AGREEMENT WILL HAVE OFFICERS, AGENTS, AN CLAIMS OF ANY NATURE PARTICIPATION IN THE P	KS OF PARTI ICES SWIM PR THE EFFECT O D EMPLOYEES E OR KIND W	CIPATIN OGRAM. OF RELEAS S FROM	G IN THI I AM FUL SING THE ANY AN	E CITY OF M LLY AWARE T CITY OF MEM D ALL LIAB	MEMPHIS, HAT THIS IPHIS, ITS ILITY OR
DATE:					
	Signa	ture of Adul	t Participant (1	18 and older)	
Signature of parent or guardian (If	 participant is under	age 18)			
Registration Staff Only:					

Birth Certificate _____

Other ____

Driver's License ____

Type of Id: