

**City of Memphis**  
**Division of Park Services**  
**Swimming Lesson Registration Form**

Name \_\_\_\_\_ Age \_\_\_ Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_ Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parents or legal guardian

Name of mother \_\_\_\_\_ Telephone(W) \_\_\_\_\_ (C) \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Telephone(W) \_\_\_\_\_ (C) \_\_\_\_\_

If parents cannot be reached, authorized of adult in case of emergency

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Is child on any medication? Yes \_\_\_ No \_\_\_ If yes, specify type of medication and nature of illness \_\_\_\_\_

Participant or Participant's Parents, Legal Guardian Waiver

The (participant), (participant's parents) or (legal guardian) declare that the participant is physically fit and was counseled by his/her physician before registration and agrees to assume the risks incidental to such class exercise activities and to release and forever discharge the released parties defined as: City of Memphis, Division of Park Services, facilities, officers, managers, directors, employees, agents, representatives, volunteers and affiliated organizations and their staffs. The (participant), (participant's parents) or (legal guardian) understand that this release and indemnity agreement includes any claims based on the negligence, action or fault of any of the above parties and covers bodily injury (including death) and property damage, whether suffered by the participant before, during, or after such class, exercise, or activity. (Participant), (participant's parents) or (legal guardian) releases and agree to indemnify the city from any claim for damages or loss theft of personal property while at the facility whether such property belongs to the undersigned family member or guest of undersigned.

Signature \_\_\_\_\_

Swim Lessons' Session , Date & Time

Monday thru Friday 6:00 – 6:45pm for 2 weeks

Relation to participant \_\_\_\_\_

- |                       |                        |
|-----------------------|------------------------|
| ___ April 28 to May 9 | ___ Aug. 18 to 29      |
| ___ May 12 to 23      | ___ Sept. 2 to 12      |
| ___ May 26 to June 6  | ___ Sept. 15 to 26     |
| ___ June 9 to 20      | ___ Sept. 29 to Oct 10 |
| ___ June 23 to July 3 | ___ Oct.13 to 24       |
| ___ July 7 to 18      | ___ Oct. 27 to Nov. 7  |
| ___ July 21 to Aug. 1 | ___ Nov. 10 to 21      |
| ___ Aug. 4 to 15      | ___ Dec. 1 to 12       |

Date \_\_\_\_\_

**Cost: \$25.00 per Child, \$48.00 per adult**