

# SWIMMING LESSON REGISTRATION FORM

RETURN TO: Watertown Park & Rec. Department  
514 S. First Street  
Watertown, WI 53094

Parent's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Registrant's First & Last Name	Age	Class Level	1st choice Session	Time	2nd Choice Session	Time	3rd Choice Session	Time	Fee

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

If mailed, enclose a self-addressed stamped envelope for confirmation

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Parent or Participant Signature Date