

SWIMMING REGISTRATION FORM

RETURN TO: Watertown Park & Rec. Department
515 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.

Participant Signature _____ Date _____