

SWIMMING LESSON REGISTRATION FORM

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

Parent's Full Name: _____ Home Phone: _____ Alt. Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Students First & Last Name	DOB	Age	Class Level	1st choice Session	Time	2nd Choice Session	Time	3rd Choice Session	Time

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

 Parent or Participant Signature

 Date