

SWIM LESSONS - 2020

ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. **CIRCLE** the Session(s), Level, Time, and the Cost.
3. Write the **TOTAL** cost on the space indicated.
4. Please complete the front and back of form.
5. Submit completed registration form along with payment (DO NOT mail cash!) to:
Loyalsock Township Recreation Department, 1607 Four Mile Drive, Williamsport, PA 17701.
Registration will not be processed without **ALL** requested information, signature, and payment.
6. There is a \$10.00 fee to process any refund. All refunds must be approved by the Recreation Director.
7. **Ages 3 years and up. Space is limited.**

PARTICIPANT'S

NAME: _____
(Last) PLEASE PRINT (First)

AGE ON 1ST DAY OF PROGRAM _____

Circle the Session(s), Time, Level, and Cost.

All sessions are Monday – Friday

Session: I June 8th – June 19th
II June 22nd – July 3rd
III July 6th – July 17th
IV July 20th – July 31st
V August 3rd – August 14th (Evenings only)

There is limited space per time slot. We will contact you if the time slot chosen is full.

Time: 9:00 – 9:45am 10:00 – 10:45am 11:00 – 11:45am 6:30 – 7:15pm (Session V only)

Please choose the level you feel your swimmer is currently at. We may move them to another level once they are evaluated during the first class.

Level: Beginner (Non-Swimmer) Intermediate Advanced

Cost: \$30 Resident/Session \$40 Non-Resident/Session

TOTAL: _____
(07-367.820) (07-367-821)

PLEASE COMPLETE AND SIGN REVERSE SIDE!

Office Use Only: Date Paid _____ Amount Paid _____ Check # _____ Receipt # _____

PARTICIPANT'S INFORMATION

NAME: _____ DATE OF BIRTH: _____ Male ____ Female ____

ADDRESS: _____

PHONE # home: _____ work: _____ cell: _____

MEDICAL INFORMATION

List any physical condition, allergies, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition:

Condition: _____ Rx: _____ Restriction: _____

Condition: _____ Rx: _____ Restriction: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE # home: _____ work: _____ cell: _____

RELEASE AND ACKNOWLEDGMENT

I, _____, in consideration of being permitted to participate in activities sponsored by the
(Print participant's name)

Township of Loyalsock and/or its Recreation Board, am aware of, acknowledge and agree to the following:

1. That such activities can result in injury to myself and my property.
2. That I am medically able, equipped and properly trained to participate in such activities.
3. That I shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to my ability to participate safely in such activities.
4. That I shall abide by all rules and regulations for the activities in which I am participating.
5. That I am assuming all responsibility and risks associated with such activities, including but not limited to:
 - A. falls.
 - B. contact with other participants.
 - C. weather.
 - D. natural and man-made conditions; and
 - E. all other risks or hazards encountered while participating, observing and/or traveling to and from such activities;
6. That I consent for myself, and/or my child above, to receive immediate, emergency first aid and medical treatment, if necessary.
7. That I have read, understood and voluntarily signed this Release and Acknowledgment and agree to its terms, and that no oral representations, statements or other inducements have been made to me other than those contained in this written document.

I HEREBY AGREE TO INDEMNIFY, RELEASE, DISCHARGE AND HOLD HARMLESS

Loyalsock Township and/or its Recreation Board from any loss, liability, damage or cost that may arise from my presence on, or my use of, property of Loyalsock Township and/or its Recreation Board, or in any way competing, officiating, observing, working for, or for any purpose participating in any event, whether caused by the negligence of Loyalsock Township and/or its Recreation Board, staff, employees, coaches and agents.

SIGNATURE: _____ **DATE:** _____

(Or parent if under 18)