



2008 SWIMMING STROKE CLINIC REGISTRATION FORM

PLEASE CHECK APPROPRIATE BOX(ES)

Site	Session 1 June 16-19 7:00-8:15 pm	Session 2 June 30-July 3 7:00-8:15 pm	Session 3 July 14-17 7:00-8:15 pm	Total amount due (\$40 per session)
Ed White High School Pool	Experienced only	Beginners only	All levels	
Oceanway Pool	Experienced only	Beginners only	All levels	
Fletcher High School Pool	Experienced only	Beginners only	All levels	

FEE: Registration fee is \$40 per 4-day session. There will be a \$15 fee applied to all refunds. Participants accepted on a first come, first served policy based on program enrollment cap.

PARTICIPANT'S NAME _____

Date of Birth _____ Age _____ Male _____ Female _____

My child has competitive swimming experience? Yes _____ No _____ Which team?

PARENT or GUARDIAN'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Who will be responsible for picking your child up daily?

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

I, _____ give my child permission to **walk/ride** (circle one) **to and/or from** (circle one) lessons at above named facility without being contacted.

IN CASE OF EMERGENCY, and we are unable to reach you, we should contact:

Name _____ Address _____

Home Phone _____ Work Phone _____

DESCRIBE ANY MEDICAL PROBLEMS, allergies, medications, or any conditions of the participant of which we should be aware: _____

Physician's Name _____ Telephone _____

GENERAL RELEASE OF LIABILITY

I hereby release and agree to hold harmless the **City of Jacksonville, Department of Recreation and Community Services**, its employees and sponsors, from all liabilities and claims that may accrue from injury to my child or property. I further hereby give my release for field trips and the publishing of any and all photographs or likeness. I also give my permission to make the necessary arrangements to provide emergency care and treatment for my child if an accident or serious illness occurs. I also understand that falsification of information detailed on this application about my child's age will result in immediate termination of my child from lessons.

Signed _____ Date _____

Mail to:
JaxParks Aquatics office
4012 University Blvd.
Jacksonville, FL 32277
Call (904) 745-9630