



Department of Parks, Recreation and Community Services  
JaxParks Aquatics  
2017 Learn-to-Swim Registration



Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each session select the pool location and class type you wish your child to attend

**Session 1: June 19 – 29**

**Session 2: July 3- 13**

**Session 3: July 17- 27**

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Class type: \_\_\_\_\_

Class type: \_\_\_\_\_

Class type: \_\_\_\_\_

Registration Deadline: June 15<sup>th</sup>

Registration Deadline: June 29<sup>th</sup>

Registration Deadline: July 13<sup>th</sup>

Describe any medical problems (allergies, medications or other conditions) to assist pool staff in caring for your child.

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Registration fee is \$60 per two-week session. Participants accepted on a first come, first served basis.

**By checking each box below, you agree that you have read and understand the statements.**

\_\_\_\_\_ Eight lessons per session are guaranteed. JaxParks reserves the right to change the dates, times, and location for regularly scheduled or make up lessons.

\_\_\_\_\_ Once participant has attended one lesson, no refunds will be given unless a doctor's note or other proof of reason is provided and approved by JaxParks Aquatics Administration.

**Please read and initial you understand the following refund policy:**

\_\_\_\_\_ A \$20 administration fee will be assessed for each participant requesting a refund.

\_\_\_\_\_ If a lesson is held and you are unable to attend, a make up lesson will not be given.

**GENERAL RELEASE OF LIABILITY**

I hereby release and agree to hold harmless the, **City of Jacksonville, JaxParks** 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.

Please print, sign, date and submit form in person or by mail  
to: JaxParks Aquatics, 4012 University Blvd. N, Jacksonville, FL  
32277

Signed: \_\_\_\_\_ Date: \_\_\_\_\_