



**Department of Parks, Recreation and Community Services
JaxParks Aquatics – Splash Squad
2017 Registration Form**

<hr/>		<hr/>		M	F
Child's Name		Date of Birth		Sex	
<hr/>		<hr/>			
Parent's/Guardian's Name		Emergency Contact Name			
<hr/>		<hr/>			
Home Phone	Work Phone	Home Phone	Work Phone		
<hr/>	<hr/>	<hr/>	<hr/>		
Address		Address			
<hr/>		<hr/>			
City, ST ZIP Code		City, ST ZIP Code			
<hr/>		<hr/>			
Email		<hr/>			

Medical Information

<hr/>		<hr/>	
Physician's Name		Phone Number	
<hr/>		<hr/>	
Allergies/Special Health Considerations			
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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, and date and submit the form in person to JaxParks Aquatics.

<hr/>		<hr/>	
Parent's/Guardian's Signature		Date	

Session Information

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Pool Location	
<hr/>	
Class Type (Tots, Youth, Teen, Adult)	
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Preferred Session Date	
<hr/>	
Preferred Session Time	
<hr/>	

