Department of Parks, Recreation and Community Services
JaxParks Aquatics Office

2017 JaxParks Swim Team Registration Form

_____

Program Hours: 6-7 p.m. Monday – Friday, June 26 – August 4

Fee: $25. Participants accepted on a first come, first served policy based on program enrollment cap.

Please read and initial you understand the following refund policy:

_____ Refunds will not be available after the June 30, 2017 unless a doctor's note or other documentation is provided and approved by the JaxParks aquatics management. A $20 administration fee will be assessed for each participant requesting a refund.

Swim Team Requirements:
- Participants must be age 17 or under.
- No child involved in another swim club or swim league may participate.
- Swimmers age 8 and under must be able to swim 25 yards continuously.
- Swimmers ages 9 to 17 must be able to swim 50 yards continuously.
- Swimmers are required to adhere to team coaches rules regarding practices and meet requirements.
- Parents are responsible for transporting their children to and from practices and swim meets.

Swimmer Name

Birth Date(m/d/y): _____/_____/_____   Age: _____   Male   Female

Parent/ Guardian: _____   Phone: (_____)_____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contacts

Name: _____   Home Phone: (_____)_____   Alternate Phone: (_____)_____

Name: _____   Home Phone: (_____)_____   Alternate Phone: (_____)_____

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 swim team.

Signed _____ Date_____

SECTION BELOW TO BE COMPLETED BY POOL STAFF IN BLUE INK ONLY.

POOL LOCATION _____

_____ has completed the required swim test for the JaxParks Recreational Swim team.
(Participant's name)

Manager Signature: _____   Print Name: _____

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