

Department of Parks, Recreation and Community Services
JaxParks Aquatics
2018 Swim Team Registration Form



jaxparks



Program Hours: 6-7 pm Monday – Friday, June 18 – July 27

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 29, 2018 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 15 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.

Medical Information

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

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 _____

Pursuant to the Americans with Disabilities Act, accommodations for persons with disabilities are available upon request. Please allow 1-2 business days' notification to process; last minute requests will be accepted, but may not be possible to fulfill. Please contact Disabled Services at: VM 630-4940, TTY 630-4933, or email your request to klmcdan@coj.

SECTION BELOW TO BE COMPLETED BY POOL STAFF

POOL LOCATION _____

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

Manager Signature _____ **Print Name** _____