

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



jaxparks



M F
Sex

Child's Name

Date of Birth

Age

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

Medical Information

Physician's Name

Phone Number

Allergies/Special Health Considerations

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.

Parent's/Guardian's Signature

Date

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

By initialing each space below, you agree that you have read and understand the statements.

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

Initials - 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:

Initials - 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.

Session Information

Pool Location

Class Type (Tots, Youth, Teen, Adult)

Preferred Session Date

Preferred Session Time

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.

4012 University Blvd. N. | Jacksonville, FL 32277 | Phone: 904.744.5557 | Fax: 904.744.5428

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