



PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT



JaxParks 2018
Learn-to-Swim Registration Form
Cecil Aquatic Center

Please circle session and time

Table with 3 columns: Session 1 (June 11 - June 21), Session 2 (June 25 - July 5), Session 3 (July 9 - July 19). Includes time slots: 10-10:45 a.m., 11-11:45 a.m., 6-6:45 p.m.

FEE: \$60 per two-week session. Participants determined by enrollment cap, accepted on a first come, first served basis.

PARTICIPANT'S NAME _____

Date of Birth _____ Age _____ (Learn-to-Swim is for ages 5-12) Male _____ Female _____

PARENT or GUARDIAN'S NAME _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Email Address _____

Please indicate who will be responsible for bringing your child each day?:

Name _____ Phone _____

Name _____ Phone _____

DESCRIBE ANY MEDICAL PROBLEMS, allergies, medications, or any conditions of the participant of which we should be aware of: _____

Physician's Name _____ Telephone _____

Please read and initial you understand the following policies:

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.

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

Please read and initial you understand the following refund policy:

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

GENERAL RELEASE OF LIABILITY

I hereby release and agree to hold harmless the City of Jacksonville, Parks, Recreation and Community Services Department, 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.

Signed _____ Date _____