



**Department of Parks, Recreation and Community Services  
JaxParks Aquatics – Splash Squad  
2018 Registration Form**

_____ Child's Name		_____ Date of Birth	_____ Age	M Sex	F
_____ 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
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**Session Information**

_____ Pool Location
_____ Class Type (Tots, Youth, Teen, Adult)
_____ Preferred Session Date
_____ Preferred Session Time

