Swim, **P**lay and **L**ive – **A**ctive, **S**afe, **H**ealthy Lifestyles

Department of Parks, Recreation and Community Services
JaxParks Aquatics – Splash Squad
2019 Registration Form

Child's Name	Date of Birth	Age	M F 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			

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

Session Information

Pool Location

Class Type (Tots, Youth, Teen, Adult)

Preferred Session Date

Preferred Session Time

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www.jaxparks.com www.facebook.com/friendsofjaxparks