



**PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT**

**JaxParks 2019  
Youth Swim Registration Form  
Cecil Aquatic Center**

**Please circle session**

<b>September 23<sup>rd</sup> - October 3<sup>rd</sup></b> (Classes are Monday-Thursday)
<b>Time:</b> 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 \_\_\_\_\_ (Youth 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, Department of Parks, Recreation and Community Services**, 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 \_\_\_\_\_