



PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT

JaxParks 2019 Adult Swim Registration Form Cecil Aquatic Center

Please circle session

September 9th - 19th Classes are Monday-Thursday
Time: 7 – 7:45 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 _____ (Adult swim is for ages 13 and up) 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 _____