

Town of Liberty Parks & Recreation

Swim Lesson Registration

For Office Use Only:

Amount: \$ _____

Receipt #: _____

Check #: _____

Cash: Yes No

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Emergency# _____

Swimming Lessons: Fees:	<u>Child's Full Name(s)</u>	<u>Birth date</u>	<u>Age</u>	<u>Swim Level</u>
1 child \$80.00 (R) \$120.00 (NR)	_____	_/_/____	____	____
2 children \$100.00 (R) \$140.00 (NR)	_____ _____	_/_/____ _/_/____	____ ____	____ ____
3 children \$120.00 (R) \$160.00 (NR)	_____ _____ _____	_/_/____ _/_/____ _/_/____	____ ____ ____	____ ____ ____
4 children \$140.00 (R) \$180.00 (NR)	_____ _____ _____ _____	_/_/____ _/_/____ _/_/____ _/_/____	____ ____ ____ ____	____ ____ ____ ____

Program Note: Parents will be allowed inside the pool area only for lesson levels I and II. For all other levels, parents will be requested to remain outside the pool area during lessons. Thank You.

*****ATTENTION: If your child does not attend for the first two weeks of swim lessons they will be removed from the program to allow for advancement of children within the program.*****

Registration & Refund Policy: All program registration fees must be paid prior to the start of the program. All registrants are entitled to a full refund in the event of cancellation, or until the first day the program begins. Late entry into, withdrawal from or limited attendance in a program will not entitle any individual to a refund. All refunds under this policy will be made through the Town of Liberty's monthly voucher system.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In reference to the above registrant(s) I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depiction) FOR PUBLICIZING the Town of Liberty Parks and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE, and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the Town of Liberty, the Town Board members, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I am aware that these classes or activities subject me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

The named individual has permission to participate in the above designated program and I have read the Registration & Refund Policy listed above.

Signature **Date**

Address: 119 North Main Street, Liberty, NY 12754 Phone: (845)292-7690 Fax: (845)292-3588