

For Office Use Only

Paid Cash_____ **Check**_____ **Credit Card** _____ **Receipt** _____

Employee Name_____ **Date**_____

Whitesboro Parks & Recreation Department (PARD)

2024 Swim Lessons Registration

SESSION_____ **LEVEL**_____ **TIME**_____ **AGE OF PARTICIPANT**_____

CHILD'S LAST NAME **FIRST NAME** **M. I.**

PARENT/GUARDIAN'S LAST NAME **FIRST NAME**

MAILING ADDRESS/CITY/STATE/ZIP

PHONE NUMBERS

MEDICAL INFORMATION (e.g., Allergies, Learning Disability, ADHD)

In and for the consideration of the benefits to be gained by my participating in activities offered by the Parks and Recreation Department in Whitesboro, Texas, whether on or off City property under control by the City of Whitesboro, its employees, or others who are assisting, responsible for any damages or personal injuries that I may receive as a result of such participation in the program, and I do hereby release the City of Whitesboro, its officers, and employees from any and all liability for damages and injuries. I do hereby fully and freely consent to the use of the participant's photograph for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from any liability arising out of said participation in a publication, advertisement, and/or promotion.

The danger of exposure to upper respiratory illness exists. By entering this recreational facility, you take full responsibility for your own protection, for the risk that you or someone in your family may contract an upper respiratory infection or other illness, and for disinfecting your hands and anything you may touch. Please do not use the facility if you or a member of your family has been sick in the past two weeks.

I understand that any acts of aggression or continued misbehavior may result in removal from the class and/or suspension from future pool activities.

**PARTICIPANT'S SIGNATURE OR
LEGAL GUARDIAN IF UNDER 18**

DATE