



2018 SWIMMING LESSON REGISTRATION FORM

*Please print clearly. Fill out completely for prompt processing. Registration form required for each session.
Make sure you indicate what session you are registering for.*

Registration begins: May 28th, 2018

Lesson Registration Fee: \$25 In-City \$31.25 Non-City

30 minutes a day:

- Session #1 Monday - Friday, June 18th – July 29th
- Session #2 Monday - Friday, July 9th – July 20th
- Session #3 Monday - Friday, July 23rd – Aug 3rd
- Session #4 Monday - Friday, August 6th – August 17th

Preschool: (Available at 9:30, 10:15 and 11:00)

Level 1: (Available at 9:30, 10:15 and 11:00)

Level 2: (Available at 10:15 and 11:00)

Level 3: (Available at 9:30)

Level 4: (Available at 9:30)

Level 5: (Available at 10:15)

Level 6: (Available at 11:00)

Print Name: _____
(Parent/legal guardian name if participant is under 18 years old)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Participants Name	FEE - In City / Non - City
	<input type="checkbox"/> In city <input type="checkbox"/> Non - City
	<input type="checkbox"/> In city <input type="checkbox"/> Non - City
	<input type="checkbox"/> In city <input type="checkbox"/> Non - City
	<input type="checkbox"/> In city <input type="checkbox"/> Non - City
	<input type="checkbox"/> In city <input type="checkbox"/> Non - City

Release of Liability

In consideration for granting this request, and being fully aware of all of the risks, I hereby RELEASE the City of Sunnyside and its officials, employees, volunteers and agents ("the Released Parties"), and AGREE TO WAIVE ANY RIGHT OF RECOVERY THAT I AND/OR THE ORGANIZATION, AS APPLICABLE, MAY HAVE, including the right to bring a legal claim, cause of action, or lawsuit for any bodily injury, death or other harmful consequences in any way arising out of use of the Swimming Pool Facilities. I understand that this release extends to all claims of any kind and every nature, known, unknown, suspected or unsuspected, in any way arising out of or related to use of the Facilities.

Signature: _____ Date: _____

OFFICE USE ONLY: Amount Paid: _____ Cash: _____ Check: _____ Card: _____

Date Paid: _____ Receipt #: _____ Staff Name: _____