



Lakeland Parks and Recreation Department

SWIM LESSON REGISTRATION FORM

***Completion of this form DOES NOT constitute a SWIM LESSON reservation. Participants must complete the full registration process and payment to secure a reservation. Address verification (driver's license & current utility bill) will be required at registration.**

Participant's Name _____ D.O.B. ____/____/____

Address _____ Race _____
 Street City Zip

Phone Number _____ School _____ Sex _____

Parent/Guardian's Name _____ Relationship _____

Parent/Guardian's Address _____
 Street City Zip

Guardian's Email Address _____

Phone available during swim lesson time _____ Other Phone _____

Emergency Contact (Other than Guardian) _____
 Name Phone Number

Known Medical Conditions (allergies or other limitations) _____

CERTIFICATE OF HEALTH

This is to certify that (insert Child's name) _____ ("Our Child") is in good health and in soundness of body that warrants his/her participation in the City of Lakeland (the "City") Swim Lesson ("Program"). Also, I/we certify that Our Child has no known recent exposure to a contagious disease and has had no operation or serious illness which would restrict his/her participation in the Program. I authorize the City to seek emergency medical treatment for Our Child in the event of any medical condition or injury arising during Our Child's participation in the Program and understand that any medical costs resulting from any such injury will be borne by me/us.

PERMISSION TO PARTICIPATE

I/We understand the nature of the Program, its activities and potential hazards, and the arrangements regarding the meeting times and fees. Finally, I/We understand that the Program involves physical exertion and contact which may result in injury to Our Child. I/We accept full responsibility for Our Child and by signing below give my/our permission for Our Child to participate in the Program. I/We understand that the City may take photographs or video of my child during the Program. I understand that the City may release my child's name along with his/her picture for publication in the newspaper, program brochures or fliers. I also understand that the City may use video footage of my child from the Program for public relations presentations.

WAIVER OF LIABILITY

In consideration of Our Child being permitted to participate in the Program, I/We hereby acknowledge that we are fully aware of the potentially hazardous activities and conditions that Our Child may be exposed to when participating in the Program that may result in injury and death and hereby assume the risk and full financial responsibility of all such injuries that such activities or conditions may cause, including, without limitation, the risk of injury or death during transportation to and from the Program, or from negligence and negligent supervision of the City, equipment failure, sharp objects, naturally occurring conditions or phenomena, obstructions, hidden conditions, animals, hot/cold objects, trespassers, unlawful acts of others, faulty design, slipping, falling, and/or violent contact with other participants. I/We do hereby waive, release, absolve, and agree to hold harmless and blameless the organizers, sponsors, supervisors, participants, the City, and their employees from any and all liability, losses, damages or claims arising out of or resulting from injury or death to Our Child during participation in the Program.

Parent/Guardian Signature _____

Date _____

Office Use Only - CDBG Information

Name of Parent/Guardian _____ Home Phone _____ Annual Income _____

Address _____

Marital Status Single Married Divorced Separated

Name of Spouse _____ Head of Household Male Female

Race: White Black White Hispanic Black Hispanic Asian Other (Mixed)

Are you a resident of a Lakeland Housing Authority complex? YES NO

If yes, name of the complex _____

Do you receive Section 8 rental assistance? YES NO