

SUMMER 2002 LEARN TO SWIM REGISTRATION FORM

(Return this form with payment - \$20 per person for Ages 5-18)

Student's Name:			
	First	Middle	Last
Guardian's Name:			
	First	Middle	Last
Address:			
	Street	City/State	Zip Code
E-Mail Address:			Fax No.
Telephone:			Birth Date:
	Home	Work	(child) Mo/Day/Yr

Circle your time preference for swim lessons for your child.

Session I			
Morning (A)	10:00 – 10:50 am	Afternoon (C)	6:00 – 6:50 pm
Morning (B)	11:00 – 11:50 a.m.	Afternoon (D)	7:00 – 7:50 pm
 Session II			
Morning (A)	10:00 – 10:50 am	Afternoon (C)	6:00 – 6:50 pm
Morning (B)	11:00 – 11:50 am	Afternoon (D)	7:00 – 7:50 pm

(PLEASE CALL 903-575-4135 FOR ANNOUNCEMENT OF SESSION DATES AND TIMES)

Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Mount Pleasant Parks and Recreation Department and its employees harmless from liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may incur while participating in this activity. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/guardian/parent.

Signature of parent or legal guardian

Date