



WATAUGA COUNTY
SWIM COMPLEX

PARENT/INFANT & PARENT/TODDLER
SWIM LESSONS
SPRING 2010

FOR OFFICE USE ONLY:
DATE: _____
FEE PAID: _____
STAFF: _____
RECEIPT #: _____

REGISTRATION FEE: ****\$40 MEMBERS/\$50 NON-MEMBERS**

Registration begins Monday, February 1st at 9:00 a.m.

No MONETARY REFUNDS

CHILD'S NAME: _____ SEX: _____ HOME PHONE: _____

MOTHER'S NAME _____ PHONE(H) _____ (W) _____

FATHER'S NAME: _____ PHONE(H) _____ (W) _____

CHILD'S HOME ADDRESS: _____

CHILD'S DATE OF BIRTH ____ / ____ / ____ CHILD'S CURRENT AGE _____ GRADE _____

DO YOU LIVE IN THE BOONE CITY LIMITS? YES No DO YOU LIVE IN WATAUGA COUNTY? YES No

E-MAIL: _____ CELL #'S _____

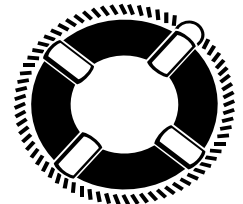
Session 1
M, W, F
April 12 - 28
P/I 12:45 pm - 1:15 pm
P/T 1:30 pm - 2:00 pm

Session 2
M - Th
April 26 - May 6
P/I 6:00 - 6:30 pm
P/T 6:45 - 7:15 pm

**SWIMMING LESSONS ARE OFFERED FOR THE FOLLOWING GROUPS
(CHECK ONE):**

_____ PARENT / INFANT (6 MONTHS - 18 MONTHS)

_____ PARENT / TODDLER (18 MONTHS - 3 YEARS)



WATAUGA COUNTY SWIM COMPLEX

STANDARD RELEASE FORM FOR YOUTH PROGRAMS

Registration continues until classes are full. Watauga County residents have first priority for all swim lessons. Non-county residents will be put on a waiting list and an additional 50% will be added to the lesson fee. If classes are not filled by county residents the class will be filled by non-county residents. All registration will be taken on a first-come, first-served basis. Class will be limited to a maximum of ten students. A minimum of six students must be registered for a class to be scheduled. With the exception of one safety day, any classes that are cancelled due to weather will be given special credit at a daily pro-rated amount. Also, for classes that are not held because of minimum registration requirements a special credit will be issued for the total amount paid. A fee of \$10 will be charged each time a change is made to date or times after initial registration. Class sizes and changes within levels will be made at the discretion of the Aquatics Director and based on overall safety and goals of the class.

IN ORDER TO BE CONSIDERED FOR A SPECIAL CREDIT, A WRITTEN NOTICE MUST BE GIVEN
AT LEAST 14 DAYS IN ADVANCE OF THE PROGRAM START.

I, _____, as parent or legal guardian of (or participant) _____, hereby give my consent for participation in the Watauga County Parks and Recreation Swim Lesson Program.

I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Watauga County, its staff, its volunteers, and any sponsoring agency for claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand the Watauga County Parks and Recreation does not provide insurance and is not responsible for the medical condition of the participant.

I agree to the release of photographs of the participant for the promotion of Watauga County Parks and Recreation.

I also agree to abide by the NO-REFUND and the Resident/Non-Resident participant policies.

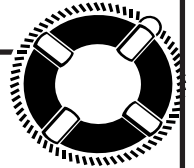
I am responsible for listing any medical condition, any limitations, and special needs of the participant in the space provided below.

I agree to abide by the Watauga County Swim Complex Pool Rules. I understand that there is no coverage for diving from the starting platforms or swimming pool side.

Signature of Parent(s) or Legal Guardian of Participant

Date

EMERGENCY INFORMATION



Physician _____ Phone _____

In case of emergency, contact: _____ Phone _____

Please list any allergies and/or medical concerns: _____

Medical Conditions, Limitations, or Special Needs of the Participant (as recommended by a Medical Doctor):

WATAUGA.SWIM@NCMAIL.NET
**PARTICIPANT IN CLASS MUST BE MEMBER
WWW.WATAUGACOUNTY.ORG

DO NOT MAIL PAYMENT OR FORMS
WATAUGA.SWIM@NCMAIL.NET
NO MONETARY REFUNDS