

Basin Swimming Pool 2018

Swimming Lessons Registration Form



Parent Information:

Parent Name: _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone#: _____ Cell #: _____
 Email Address: _____
 Emergency Contact: _____ Phone #: _____

Swimming Lessons- *MUST BE 3 YEARS OLD AS OF JUNE 1ST

Lessons per Session per child \$50

- ____ 1st Session (June 11th-28th)
- ____ 2nd Session (July 9th-26th)

***Due to high demand, please only sign up for one session.**

First Child's Name: _____

Issues with separation anxiety from parent? Yes or No

Age: _____ Level Ended Last Year _____

How would you rate their skill level? (check one if new)

- ____ Still getting used to the water.
- ____ Beginning Swimmer
- ____ Intermediate Swimmer
- ____ Skilled/Advanced Swimmer

Second Child's Name: _____

Issues with separation anxiety from parent? Yes or No

Age: _____ Level Ended Last Year _____

How would you rate their skill level? (check one if new)

- ____ Still getting used to the water.
- ____ Beginning Swimmer
- ____ Intermediate Swimmer
- ____ Skilled/Advanced Swimmer

Third Child's Name: _____

Issues with separation anxiety from parent? Yes or No

Age: _____ Level Ended Last Year _____

How would you rate their skills level? (check one if new)

- ____ Still getting used to the water.
- ____ Beginning Swimmer
- ____ Intermediate Swimmer
- ____ Skilled/Advanced Swimmer

Fourth Child's Name: _____

Issues with separation anxiety from parent? Yes or No

Age: _____ Level Ended Last Year _____

How would you rate their skill level? (check one if new)

- ____ Still getting used to the water.
- ____ Beginning Swimmer
- ____ Intermediate Swimmer
- ____ Skilled/Advanced Swimmer

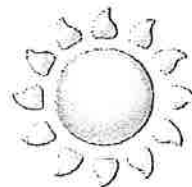
PLEASE READ AND SIGN THE WAIVER, RELEASE AND INDEMNITY AGREEMENT BELOW

By signing below, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement. IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of Wyoming that I am eighteen (18) years of age or older and am fully competent to sign this agreement. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, by signing below, I declare under the penalty of perjury under the laws of the State of Wyoming that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf. In exchange for participating in this activity I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributes, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Basin (the City) and/or Big Horn County School District #4 (the "School") and/or the Basin Recreation District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity. I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.

I understand that this activity involves the risk of serious injury or even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or the School and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet site.

Signature

Date



MAKE CHECK(S) OR MONEY ORDER
 PAYABLE TO:
RECREATION DISTRICT 4

FOR OFFICE USE ONLY
 CASH _____
 CHECK# _____
 AMOUNT\$ _____