



# Swimming Pool 2020 Aquatics Enrollment Form

## Swimming Lessons Session I: June 8 – June 25

**Please print. All information is required.**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male

Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number (18+): \_\_\_\_\_

Month/Day/year

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Under age 18

Mailing Address: \_\_\_\_\_

City/zip Code: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Under age 18

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I allow my child and/or myself to participate in this program. We release the City of Safford and its employees of any liability, claims or demands which we may hereafter have as a result of participating in recreational activities, using recreational facilities or being transported to events as part of this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my child's and/or my own physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please mark below which class and time

- ❖ All classes are Monday - Thursday
- ❖ Notice to Parent/Tot, Tadpoles and Minnows Classes: To limit the number of person to person contact, a family member 16 years of age or older must accompany each child.

Fill in class name and time preference. See Pool Schedule for class name/levels and times.

CLASS NAME: \_\_\_\_\_ TIME PREFERENCE: \_\_\_\_\_

### FOR OFFICE USE ONLY

*Make checks payable to City of Safford*

Total Paid: \$ \_\_\_\_\_

Payment method:

Cash

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Date: \_\_\_\_\_