



Swimming Pool 2020 Aquatics Enrollment Form

Swimming Lessons Session II: July 6 – July 23

Please print. All information is required.

Participant's Last Name: _____ First Name: _____

Male

Female

Date of Birth: _____
Month/Day/year

Age: _____ Phone Number (18+): _____

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			<i>Make checks payable to City of Safford</i>		
Total Paid: \$ _____	Payment method:	Receipt # _____			
	<input type="checkbox"/> Cash	Date: _____			
	<input type="checkbox"/> Check # _____				