

2009
TROY RECREATION DEPARTMENT
PRIVATE SWIM LESSONS
MONDAY THRU THURSDAY

(MAXIMUM OF TWO (2) PARTICIPANTS PER ONE 30 MINUTE SESSION)

Participant's Name _____ Male/Female

Address _____ Phone _____
(street) (city) (zip)

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

Parent's Name _____

E-Mail Address _____

REGISTRATION FEE: \$20.00 _____ PAID

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in Private Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____
(Parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

FOR OFFICE USE ONLY:

NAME OF INSTRUCTOR: _____

TIME & DATE OF LESSON: _____