



Swim Lessons and Waiver Form



Please read all directions before filling out form

1. Fill in form completely;
2. Add all program fees and include a check for full amount made out to Caldwell Parks and Recreation;
3. Drop off completed form to: **Caldwell Parks and Recreation, 618 Irving St, Caldwell, ID 83605;**
4. Office hours are 8:00 am – 5:00 pm 208-455-3060

The cost for a two-week lesson is \$15.00 for city residents and \$18.00 for non-city residents for a half-hour class. Levels 6 and 7 are \$20.00 for city residents and \$22.00 for non-city residents for a one-hour class. Lessons cancelled due to weather will not be made up or given a refund. *No changes or refunds will be issued once a child is enrolled in a class*

Parent or Guardian Information:

NAME:

FIRST	LAST	MI
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RESIDENTIAL ADDRESS:

STREET		
CITY	STATE	ZIP

MAILING ADDRESS: (if different from above)

STREET		
CITY	STATE	ZIP

CONTACT INFORMATION:

E-MAIL ADDRESS		To receive promotional information via email concerning future activities check here <input type="checkbox"/>
HOME PHONE	WORK PHONE	CELL PHONE
PAGER	FAX	OTHER PHONE

IN CASE OF EMERGENCY, CONTACT: (if parent is unable to be reached)

FIRST	LAST	MI
PHONE	RELATION	

Participant 1 Information:

For additional participants please see back of form

NAME:

FIRST	LAST	MI
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PERSONAL INFORMATION:

GENDER <input type="checkbox"/> MALE	DATE OF BIRTH (mm/dd/yyyy)	AGE	GRADE
check one: <input type="checkbox"/> FEMALE			

ACTIVITY

LEVEL	TIME	SESSION	FEE

Authorization for Program Participation:

1. I, the undersigned, hereby agree to allow the individual(s) named to participate in the City of Caldwell Recreation activities listed above.
2. I certify that, to the best of my knowledge, the participant(s) named herein is/are physically able to engage in these activities.
3. In consideration of acceptance of the registration, I for myself, children, guardianship, and anyone entitled to act on the behalf of anyone registered for the above mentioned programs, agree to waive any claim against the City of Caldwell, its employees, or its agents for injuries that may occur as a result of my participation in this program. My signature acknowledges that I understand the risks involved in the activity and agree that I will exercise caution and take all steps necessary to avoid injury.
4. I give my consent to use any photographs or videotape taken of myself or of the participant in future promotional or marketing materials.
5. I hereby attest that I have read, understand and agree to the above statements.

Signature

Full Printed Name

Date

Relationship to Participant(s)

Participant 2 Information:

NAME:

FIRST	LAST	MI
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PERSONAL INFORMATION:

GENDER <input type="checkbox"/> MALE check one: <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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ACTIVITY

LEVEL	TIME	SESSION	FEE

Participant 3 Information:

NAME:

FIRST	LAST	MI
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PERSONAL INFORMATION:

GENDER <input type="checkbox"/> MALE check one: <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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ACTIVITY

LEVEL	TIME	SESSION	FEE

Participant 4 Information:

NAME:

FIRST	LAST	MI
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PERSONAL INFORMATION:

GENDER <input type="checkbox"/> MALE check one: <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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ACTIVITY

LEVEL	TIME	SESSION	FEE

Participant 5 Information:

NAME:

FIRST	LAST	MI
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PERSONAL INFORMATION:

GENDER <input type="checkbox"/> MALE check one: <input type="checkbox"/> FEMALE	DATE OF BIRTH	AGE	GRADE
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ACTIVITY

LEVEL	TIME	SESSION	FEE