



SWIM LESSON REGISTRATION

Name of Swimmer: _____ Age: _____

Parent/Guardian: _____

Address: _____

Email: _____

Phone: _____ Member : Yes _____ No: _____

Session: _____ AM _____ PM _____ Level: _____

Group Lesson: _____ Private Lesson: _____ Fee: _____

PARTICIPATION WAIVER: I HEREBY, FOR MY CHILD _____, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I OR MY CHILD MAY HAVE AGAINST THE COMMUNITY PARK ASSOCIATION, IT'S DIRECTORS AND EMPLOYESS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT ANY ACTIVITY SPONSORED BY THIS GROUP. I UNDERSTAND THAT EACH PARTICIPANT WILL BE RESPONSIBLE FOR OBTAINING HIS OWN INSURANCE. IN CASE OF EMERGENCY, THE COMMUNITY PARK ASSOCIATION HAS MY PERMISSION TO ARRANGE TRANSPORTATION FOR MY CHILD TO THE NEAREST EMERGENCY FACILITY OR HOSPITAL FOR MEDICAL TREATMENT.

SIGNATURE OF PARENT/GUARDIAN: _____

Remit to: PO Box 402, Zelienople, PA 16063
724-452-0231
zelienoplecommunitypark@gmail.com

For Pool Use Only: Date Registered _____ Amount Paid: _____

Cash _____ Check # _____ Instructor: _____