



2016 Parent – Tot Swim Hour Registration Form

Parent/Legal Guardian Names: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Additional Comments/Medical Information: _____

Parent – Tot Swim Hour Fee: \$20.00 per child (no charge for parent that accompanies child)

Each child registered for a seasonal pass will be assigned a registered admission number once this registration form is received. Parents or legal guardians will be required to give each participant's number to the desk attendant at the Aquatic Center when entering the facility. The Aquatic Center requires this for tracking daily attendance records, number of passes sold and individual usage information.

This program is for toddlers or younger children, up to 5 years old and their parent, along with lifeguard staff, to help introduce the child to the basic fundamentals of getting use to the water. Entering and exiting the water, swimming on front and back with support, breath control, submerge head under water, personal safety and using the water park play features will be taught.

Program Dates: June 8th – August 19th Class Time: 10:30 – 11:30 am Monday - Friday
Area of Aquatic Center: Zero Depth Entry Only

1st Child: _____ D.O.B: _____ M/F: _____

2nd Child: _____ D.O.B: _____ M/F: _____

3rd Child: _____ D.O.B: _____ M/F: _____

4th Child: _____ D.O.B: _____ M/F: _____

Make Check Payable to: **City of Kasson** **NO REFUNDS!** Total Due: _____

I hereby agree to indemnify and hold harmless the City of Kasson, its agents, board members, officers, volunteers and employees from all liability for personal injuries or damages I or my family members sustain while participating in the Aquatic Center activities whether such personal injuries or damages are caused by the negligence of individual(s) listed on this form. I understand that there are inherent risks in participating in these activities. I also give my permission for any photos taken during this program and for membership registration information. The individuals mentioned on this form, have my express permission to engage in swimming activities at the Kasson Aquatic Center.

Signature of Parent or Legal Guardian: _____ Date: _____