



2016 Swimming Lesson Registration Form

Registration Deadline: May 20th

Parent/Legal Guardian Names: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Additional Comments/Medical Information: _____

Red Cross Swimming Lesson Fee: \$40.00 student/session. All participants must be **5 years** in age and **48"** tall for Red Cross lessons. Please sign up for one (1) session only for each student. Make sure an alternate choice is chosen because of the class being full. You will be notified either by e-mail or post card of the class you will receive.

1st Student Name: _____ **D.O.B:** _____ **M/F:** _____ **LEVEL:** _____

Lesson Week: 6/20-6/24, 7/11-7/15, 7/25-7/29, 8/8-8/12 (Circle One) Attending as part of a group?

Lesson Time: 9:15-10:00, 10:15-11:00 or 4:30-5:15, 5:15-6:00 (Circle One) _____

Alternate Choice: **Lesson Week:** _____ **Lesson Time:** _____

2nd Student Name: _____ **D.O.B:** _____ **M/F:** _____ **LEVEL:** _____

Lesson Week: 6/20-6/24, 7/11-7/15, 7/25-7/29, 8/8-8/12 (Circle One) Attending as part of a group?

Lesson Time: 9:15-10:00, 10:15-11:00 or 4:30-5:15, 5:15-6:00 (Circle One) _____

Alternate Choice: **Lesson Week:** _____ **Lesson Time:** _____

3rd Student Name: _____ **D.O.B:** _____ **M/F:** _____ **LEVEL:** _____

Lesson Week: 6/20-6/24, 7/11-7/15, 7/25-7/29, 8/8-8/12 (Circle One) Attending as part of a group?

Lesson Time: 9:15-10:00, 10:15-11:00 or 4:30-5:15, 5:15-6:00 (Circle One) _____

Alternate Choice: **Lesson Week:** _____ **Lesson Time:** _____

4th Student Name: _____ **D.O.B:** _____ **M/F:** _____ **LEVEL:** _____

Lesson Week: 6/20-6/24, 7/11-7/15, 7/25-7/29, 8/8-8/12 (Circle One) Attending as part of a group?

Lesson Time: 9:15-10:00, 10:15-11:00 or 4:30-5:15, 5:15-6:00 (Circle One) _____

Alternate Choice: **Lesson Week:** _____ **Lesson Time:** _____

Make check payable to: City of Kasson **NO REFUNDS!** **TOTAL:** _____
401 5th Street SE; Kasson, MN 55944

Please read this form carefully and be aware that in registering your minor child/ward for participation in the program(s) you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of Kasson and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my child/ward and arising out, connected with, or in any way associated with activities of any of the program(s).

Signature of Parent or Legal Guardian: _____ **DATE:** _____

Confirmation email sent