

TONGANOXIE SWIMMING LESSONS APPLICATION - 2023
SWIMMING LESSONS FEE: \$40.00
REGISTRATION DEADLINE IS FRIDAY BEFORE THE START OF
EACH SESSION – Minimum age is 4.

(PLEASE PRINT)

NAME: _____ SEX: _____ DATE OF BIRTH ____/____/____
MO DAY YR

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

AGE (AS OF 6/1/2023): _____

CITY: _____ ZIP: _____ GRADE (2022-2023): _____

PHONE: _____ SCHOOL: _____

LEVELS: (Please circle the level that applies)

LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4 LEVEL 5 LEVEL 6

SESSIONS (Please circle the one that applies):

June 5- June 15(10AM, 11AM) June 19-June 29 July 3, 5-7,10-13 July 17-27

TIME: 9:00 to 9:45 am 10:00 to 10:45am 11:00 to 11:45am

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

MEDICAL PROBLEMS: _____

WAIVER AND RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Tonganoxie, Kansas from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Tonganoxie, Kansas and the officials, agents, and employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

PARENT OR GUARDIAN

DATE

IF CLASSES ARE FULL, YOU MAY CHOOSE TO BE ON THE WAITING LIST.

STAFF USE ONLY

Staff: _____ Date: _____ Party Fee: _____ **TOTAL:** _____
Receipt # _____ Permit # _____ Cash _____ Check # _____ Credit Card _____