

**TONGANOXIE SWIMMING LESSONS APPLICATION - 2024**  
**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 6/1/2024): \_\_\_\_\_

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): Lessons are Monday-Thursday.**

June 3- June 13(10AM, 11AM)      June 17-June 27      July 1- July 11      July 15- July 25

**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 \_\_\_\_\_