

Taylorville Community Pleasure Driveway and Park District
P.O. Box 263, Taylorville, Illinois 62568, (217) 824-5878

Registration Form - Water Aerobics 2019

Name: _____

Address: _____

Home Phone #(_____) _____ Cell Number(_____) _____

Email address: _____

D/O/B: _____ Age: _____

Medical conditions/medications that the staff and Taylorville Park District should be aware of: _____

Emergency Contact: _____

Emergency Phone #: (_____) _____

Session 1(June 3- July 5) - \$30
-5 weeks-
____ M/W/F 11:00-11:45a.m.
____ M/W/F 12:00- 12:45p.m.

Evening Water Aerobics - \$35
June 24- August 2
____ M/W/F 6:00 - 6:45p.m.
-6 weeks-

Session 2 (July 9 - August 9) - \$30 -5 weeks-
____ M/W/F 11:00 - 11:45a.m.
____ M/W/F 12:00 - 12:45p.m.

As parent or legal guardian of the above participant of the Taylorville Park District Program, I do recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries, damage or loss which the above participant may sustain as a result of their participation, in any manner, in any and all activities associated with this program.

As a legal guardian of the above participant or as a participant, I attest and verify that the above named participant is physically fit and is sufficiently able to participate in the above named program.

As a legal guardian of the above participant or as a participant, I further agree to waive, release, and relinquish any and all claims of the participation in a Taylorville Park District program against the Taylorville Park District, its employees, agents, trustees or sponsors as a result of any injuries the above participant may incur while participating in a Taylorville Park District Program.

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____