

Taylorville Community Pleasure Driveway and Park District

P.O. Box 263, Taylorville, Illinois 62568, (217) 824-5878

**Registration Form  
Taylorville Park District  
Baby Swim Lessons 2017**

Childs Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age (both): \_\_\_\_\_

Childs DOB: \_\_\_\_\_

Session: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid(office Use): \_\_\_\_\_

Emergency contact & Phone: \_\_\_\_\_

Medical conditions/behavior problems or medications that the staff should be aware of \_\_\_\_\_

**Session 1**

June 19-June 30

M/W/F

10:30-11:00a.m.

\$25.00

**Session 2**

July 10- July 21

M/W/F

10:30-11:00a.m.

\$25.00

As parent or legal guardian of the above participant of a 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 parent or legal guardian of the above 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 parent or legal guardian of the above participant I further agree to waive, release, and relinquish any and all claims of the participation on 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.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_