

**Registration Form
Water Aerobics 2023**

Name: _____

Address: _____

Phone #: _____ Age: _____

Email: _____

Medical conditions/medications that staff should be aware of:

Emergency contact: _____ Phone#: _____

Session 1 \$40
June 5 – July 7 M/W/F
_____ 11:00 a.m. – 11:45 a.m.
_____ 12:00 p.m. – 12:45 p.m.

Session 2 \$40
July 10 – Aug. 11 M/W/F
_____ 11:00 a.m. – 11:45 a.m.
_____ 12:00 p.m. – 12:45 p.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 accept 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: _____