

DEADWOOD REC CENTER 2016 SUMMER SWIM LESSONS

Sessions are 2 weeks long, classes are Monday thru Friday.

First session: June 6 through June 17.

Second session: July 11 through July 22.

Third session: August 15 through August 26.

Cost is \$40.00 per session. Classes will be 25 minutes long. Session times will be at 9:00am, 9:30am and 10:00am. Students will be sorted into session times the first day of lessons. Please return this form to the Deadwood Rec Center. Rec Center phone: 578-3729.

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Age: _____

Emergency Contact: _____

Phone: _____

Session:(Circle) 1st /June 6-17 2nd /July 11-22 3rd/August 15-26

Session Level:(Circle) **Beginner** **Intermediate** **Advance**

Please read the following release:

"I understand that there are inherent risks while participating in the City of Deadwood Recreation Center ("CITY") Programs and/or facility usage, including, but not limited to, personal injury (such as broken bones, head injuries, and drowning) and property damage. In consideration for being able to participate in the adult swim lesson program, I hereby waive and release any rights and claims I, my heirs, executors, and administrators, or my family may have against CITY, it's officers, directors, employees, representatives, agents and successors for any and all personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the gross negligence of the CITY, its officers, agents or employees. I agree that if I sustain any injury, CITY is authorized to act on my behalf and in my best interests to obtain any necessary medical treatment. By signing this form, I acknowledge that I understand and agree to these terms. Participant(s) or legal guardian must complete waiver form in its entirety prior to the first class meeting. If waiver is not signed, participant will not be registered and form will be returned."

Parent Signature: _____

Date: ___/___/___

Please Note: We do not turn children away for monetary reasons. If this is a concern, contact John at the Rec Center about a confidential scholarship program.

Rec Center Staff Only:

Date Registered: ___/___/___ Amount Paid: _____ Receipt/Check#: _____ Emp. _____