

PCRD Swim Registration

Please Circle: Session, Level, and Time:

Session 1 ----- June 14 – June 25

Session 2 ----- June 28 – July 9

Session 3 ----- July 12 – July 23

Session 4 ----- July 26 – Aug. 6

Session 5 ----- Aug. 9 – Aug. 20

Parent & Child ----- 8:00 – 8:50 or 3:00 – 3:50

Level 1 ----- 9:00 – 9:50 or 1:00 – 1:50

Level 2 ----- 9:00 – 9:50 or 1:00 – 1:50

Level 3 ----- 10:00 – 10:50 or 2:00 – 2:50

Level 4 ----- 10:00 – 10:50 or 2:00 – 2:50

Participant's Name: _____

Address: _____

Home Phone: (____) _____ Cell/work: (____) _____

Male Female Age: _____ Date of Birth: _____

Paid By: Check # (_____) Cash

- Registration Fee: \$40 per swimmer
- Classes are limited to the first 10 participants registered

I release and agree not to sue the Putnam County Parks and Recreation, Putnam County Board of County Commissioners and their employees, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by me or any participants, my family, estate, heirs or assigns for any injury or property damage arising out of the program. I am fully aware of the risk of injury involved in this program, including but not limited to aches, pains, possible cuts, scrapes and the potential for permanent paralysis or even death. I further agree that any legal proceedings related to this waiver will take place in Putnam County, Florida. I am the parent or legal guardian of this participant. I am of legal age and am freely signing this agreement. I agree that the terms of this release are binding on me and the participant.

Parent/ Legal Guardian

Signature

Date