

SCHLEGEL PARK POOL
Swim Lesson Registration
2017

Participant Name:_____ Age:_____ Skill Level_____

Participant Name:_____ Age:_____ Skill Level_____

Participant Name:_____ Age:_____ Skill Level_____

Participant Name:_____ Age:_____ Skill Level_____

Address:_____

| | | |
|--------|------|-----|
| Street | City | Zip |
|--------|------|-----|

Daytime Phone #:_____ Email:_____

Emergency Contact Name:_____ Emergency Phone#:_____

The undersigned in consideration of admittance to this activity does hereby for myself, my minor child, all heirs, successors, and assigns agree to release, waive, and forever discharge from all liabilities and further agree to indemnity, save and hold harmless the Reading Recreation Commission, City of Reading and Reading School District agents and employees from any loss, liability, damage, or costs which may be incurred due to participation in this activity.

Signature of Parent/Legal Guardian:_____ Date:_____

Printed Name of Parent/Legal Guardian_____

Session 1 June 19-22 & June 26-29
 10:15am_____

 10:50am_____

Session 2 July 10-13 & July 17-20
 11:25am_____

 10:15am_____

 10:50am_____

Session 3 July 24-27 & July 31-August 3
 11:25am_____

 10:15am_____

For Office Use Only:

Number of children registering_____ @\$35.00 each=_____

Paid in cash_____ Check#_____

Received by:_____ Date:_____