

Windsor Locks Park and Recreation

**Summer Swim Lessons**

Office Use
Date _____
Cash / Check # _____
\$ _____

\$21.00 per 2-week AM session for WL Residents

\$29.00 per 2-week PM session for WL Residents

\$31.00 per 2-week AM session for Non Residents

\$39.00 per 2-week PM session for Non Residents

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is true:**

\_\_\_\_\_

(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_

(DATE)

**LIABILITY WAIVER**

Know that I, \_\_\_\_\_, hereby give my son / daughter  
(please circle one)

\_\_\_\_\_ permission to participate in the Town of Windsor Locks **Summer Swim Lessons**. In consideration for my child's ability to participate in the **Summer Swim Lessons**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Summer Swim Lessons**.

**I certify that the above statements are true:**

\_\_\_\_\_

(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_

(DATE)