

# SLATER SWIM LESSON REGISTRATION 2025

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE (as of 1<sup>st</sup> day of lessons): \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#S & RELATION TO STUDENT: \_\_\_\_\_ OR \_\_\_\_\_

EMERGENCY CONTACT: NAME & RELATION TO STUDENT: \_\_\_\_\_  
(Other than yourself or spouse)

PHONE: \_\_\_\_\_

EMAILS: \_\_\_\_\_

MEDICAL AND/OR OTHER CONDITIONS STAFF SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE (\*AUTHORIZATION FOR MEDICAL TREATMENT):

\_\_\_\_\_ DATE: \_\_\_\_\_

I / WE, THE PARENT/GUARDIAN OF THE ABOVE PARTICIPANT, GIVE MY / OUR PERMISSION TO PARTICIPATE IN SLATER SWIM LESSONS AT THE SLATER MUNICIPAL POOL. I / WE UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED; THEREFORE, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE ORGANIZERS, SPONSORS, SUPERVISORS, CITY OF SLATER, EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY.

\_\_\_\_\_ DATE \_\_\_\_\_

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For office use only:

SESSION: \_\_\_\_\_ LEVEL: \_\_\_\_\_ TIME: \_\_\_\_\_ PAID: \_\_\_\_\_