

## SWIM LESSONS 2018

Child's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Membership # (if applicable) \_\_\_\_\_  
Emergency Contact & Number \_\_\_\_\_  
Allergies \_\_\_\_\_

Does Your Child Have Any Disabilities? If so please explain-----

By signing this form, I/we, the parent(s)/legal guardian(s) of the youth listed above do hereby permit him/her to participate in the swim lesson program of the BFACC. I/We hereby release and discharge the BFACC, the City of Belle Fourche, and each and all of their agencies and employees from any liability from injury or damage that may be sustained by the participant due to his/her participating in any activity sponsored by the BFACC, including activities in or property surrounding the BFACC. I/We, the parent(s)/legal guardian(s) of the child listed do hereby give and grant unto any medical doctor or hospital my consent and authorization to render aid, treatment or care to said participant as in the judgment of said doctor/hospital, in the event said participant should be injured or stricken ill while participating in any program or activity sponsored by the BFACC.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Group \_\_\_\_\_  
Session # \_\_\_\_\_ Swim Level \_\_\_\_\_ Time \_\_\_\_\_ Amount Paid \_\_\_\_\_ CSR initials \_\_\_\_\_

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