## **SWIM LESSONS 2018**

Child's Name			
Street Address			• • • • • • • • • • • • • • • • • • •
City	State	Zip Code	<u>.</u>
Telephone Number		_ Membership # (if applicable)_	
Emergency Contact & Num	ber		
Allergies		•	AUG-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
swim lesson program of the their agencies and employee participating in any activity parent(s)/legal guardian(s) o authorization to rend aid, tre	BFACC. I/We hereby a serious from any liability from sponsored by the BFAC of the child listed do here atment or care to said particular to the said particular	release and discharge the BFACO in injury or damage that may be s IC, including activities in or property by give and grant unto any med	lo hereby permit him/her to participate in the C, the City of Belle Fourche, and each and all of sustained by the participant due to his/her perty surrounding the BFACC. I/We, the ical doctor or hospital my consent and aid doctor/hospital, in the event said participant ored by the BFACC.
Signature		Date	Group
Session # Swim Leve	el Time_	Amount Paid	CSR initials
		WIM LESSONS 2	
Child's Name	S	-	
Child's Name	S		018
Street Address	S		018
Street Address	State	Date of Birth_	018
Street Address  City  Telephone Number	State	Date of BirthZip Code	018
Street Address  City  Telephone Number  Emergency Contact & Num	Stateber	Date of Birth  Zip Code  Membership # (if applicable)	018
Street Address City Telephone Number Emergency Contact & Num Allergies	Stateber	Date of Birth	018
City	State	Date of Birth  Zip Code  Membership # (if applicable)  e explain  ian(s) of the youth listed above of the explain the BFACO of the injury or damage that may be so C, including activities in or property give and grant unto any medical contents.	lo hereby permit him/her to participate in the C, the City of Belle Fourche, and each and all of ustained by the participant due to his/her lerty surrounding the BFACC. I/We, the lical doctor or hospital my consent and aid doctor/hospital, in the event said participant
City	State	Date of Birth  Zip Code  Membership # (if applicable)  e explain  e explain  e explain  e explain  c release and discharge the BFACO  n injury or damage that may be s  C, including activities in or prop  by give and grant unto any medianticipant as in the judgment of s  n any program or activity sponsor	lo hereby permit him/her to participate in the C, the City of Belle Fourche, and each and all of ustained by the participant due to his/her lerty surrounding the BFACC. I/We, the lical doctor or hospital my consent and aid doctor/hospital, in the event said participant