

Swim Lessons 2019

June 3-6 and June 10-13

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 _____

Lessons \$42 Bus: \$20 Payable to KCK
