

Makin' Waves in Georgia



The cost is \$50 per child.
Refunds are available up to the 3rd class.
Make checks payable to Columbus Parks and Recreation Department

Summer 2017 Registration Form and Waiver Statement ~ Learn to Swim

Date: _____

Please Print

Child: _____ Age: _____ Birth Date: _____

Parent/Guardian Name: _____ Resident Muscogee County: No Yes

Address: _____ City: _____ Zip Code: _____

Phone: Cell: (____) _____ Home: (____) _____

Email: _____

Emergency Contact (other than parent/guardian): _____ Phone: _____

Refer to program flyer for lessons details.

Pool Location:

- Double Churches Pool, 2300 Double Churches Rd, Columbus, GA 31904 (DC) Psalmond Road Pool, 6550 Psalmond Rd., Columbus, GA 31820 (PR)
 Rigdon Park Pool, 1600 Howe Ave. Columbus, GA 31903 (RP)
 Shirley Winston Pool, 5033 Steam Mill Rd. Columbus, GA 31907 (SW) Columbus Aquatic Center, 1603 Midtown Drive, Columbus, GA 31906 (CAC)

Session Date: June 5-15 June 19-29 July 10-20

Session Time: 6-6:50pm 7-7:50pm 9:30-10am CAC only 9:15-10:05am CAC only 10:15-11am CAC only

I am the parent/guardian of the child named above. I hereby represent that my child has my permission to participate in the Columbus Parks and Recreation Department Columbus **Learn-to-Swim** program and its related events. I further warrant that to the best of my knowledge and belief, my child is physically and mentally able to participate in the Columbus Parks and Recreation program. I also represent that there is no medical evidence, which would preclude my child from participating in any Parks and Recreation event/program. In permitting my child to participate, I am specifically granting my permission (both during and anytime after), to the Columbus Parks and Recreation Department to use my child's likeness, name, voice, or words in either television, radio, film, newspaper, magazines and other media and in any form, for the purpose of advertising or communicating the purpose and activities of the Columbus Parks and Recreation Department and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during my child's participation in any Columbus Parks and Recreation Department event, at any time when I am not personally present so as to be consulted regarding my child, I hereby authorize the Columbus Parks and Recreation Department to take whatever measures necessary to ensure my child is provided with any emergency medical treatment, including hospitalization, which the Columbus Parks and Recreation Department deems advisable in order to protect my child's health and well being.

Waiver and release of claims and rights to sue: the commissioners, organizers, directors, agents, and employees of the Columbus Parks and Recreation Department and its host facilities and hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, death or damage to person or property during the course of the Columbus Parks and Recreation Department event, and in that regard, I hereby covenant on my own behalf and for the above named child and not to file a claim or bring a suit with respect to any such injury or damage.

I, the parent/guardian of the above named child have read and fully understand the provisions of the above release and have explained these provision on my behalf and on behalf of the athlete named above. I hereby give my permission for the child named above to participate in the Columbus Parks and Recreation Department and its event.

Signature _____

Date _____

CPRD Official Use Only

Date: _____ Amount Paid: _____

Payment Method: Cash Credit Card Visa M/C DISC AMEX
 Money Order # _____ Check # _____ (Full name, street address, 2 phone numbers, Driver's License #)

Thank you for choosing Columbus Parks and Recreation Department as your child's "Learn-to-Swim" provider.

