

REGISTRATION INFORMATION SHEET

Have you registered for any activity since 9/02? Y N
Are you a member of the Comm. Ctr.? Y N

AQUATIC PROGRAMS

CITY OF VALLEY - PARKS & RECREATION DEPT.

R - Resident NR - Resident

Refund Policy: Refunds will **not** be given except for certain medical emergencies. A \$5 administrative fee will be deducted from the registration.

PROGRAM:

VAST SeaWolves

- R - Swim Team \$45
 NR - Swim Team \$55

Hydro -Aerobics

- R - Noodle/Shallow Workout \$15
 R - Senior Deep Water Aerobics \$5

Swimming Lessons

- Beginner \$25
 Advanced \$25

- R - Fall Swim Team \$40
 NR - Fall Swim Team \$50

- R - Freestyle mini-camp \$8
 R - Backstroke mini-camp \$8
 R - Breaststroke mini-camp \$8

- NR - Freestyle mini-camp \$10
 NR - Backstroke mini-camp \$10
 NR - Breaststroke mini-camp \$10

- R - Winter Swim Team \$40
 NR - Winter Swim Team \$50

- R - Butterfly mini-camp \$8
 R - IM mini-camp \$8

- NR - Butterfly mini-camp \$10
 NR - IM mini-camp \$10

Adult/Youth T-shirt Size Check One: S M L XL

FULL NAME _____ NICK NAME _____ M () F ()

STREET _____ P. O. Box _____ CITY _____ STATE _____ ZIP _____

TELE (____) _____ E-MAIL ADDRESS _____ LOCAL TELE. ANSWERING SERV. () Yes () No

EMERGENCY CONTACT _____ TELE (____) _____
(not in same household)

SPECIAL CONSIDERATIONS/MEDICAL PROBLEMS _____

Date of Birth _____ Age _____ Grade _____ School _____

Mother _____ Addr. If different _____

Father _____ Addr. If different _____

Day Phone Mom _____ Dad _____

Evening Phone _____

Cell Phone _____

ACKNOWLEDGMENT OF ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

The undersigned is the custodial parent of the above named child and desires for his/her child to participate in any/all program/event being offered and operated by the City of Valley.

The undersigned understands and appreciates the normal risks incident to his/her child's participation in such events and with such knowledge, desires for the child to be allowed to participate.

The undersigned parent is fully aware of the health and condition of his/her child and represents that there are no health problems from which the child suffers which have not been disclosed in writing by the undersigned to the Recreation Director for the City of Valley, Alabama; and

In consideration of the undersigned's child being allowed to participate in programs or events, the undersigned does hereby assume the risk of injury to his/her child arising from the child's participation in such programs/events, and does hereby covenant and agree to hold the City of Valley, Alabama, its agents, servants and employees, harmless from any and all liability for claims for damages, or other claims of causes of action for personal injury or death, suffered by his/her child while participating in such sports program/event, or as a result of having participated in such sporting program and/or events.

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 20_____.

Witness Date Parent Date