

2022 Parent/Child Swim Lessons Registration Form

Wray Aquatic Center

240 W. 6th – P.O. Box 35 Wray, CO 80758 • Phone: (970)332-5345

*** Please Note: No Private Lessons will be taught. ***

These classes are for children 6 months to 4 years.

Age is flexible depending on child's ability & parent's comfort level.

Participant's Name: _____ Age: _____

Parent/Guardian: _____

Phone Number: _____

Address: _____

Emergency Contact Name & Phone Number (other than parent/guardian listed above): _____

Medical Information: Does your child have any medical conditions that would affect his/her participation in swim lessons? If so, what are those conditions and, if they occur, how should the pool staff react? _____

This session will run for 1 hour, Monday - Friday, for ONE week.

There MUST be a parent/adult guardian in the water with the child at all times to participate.

Minimum of 5 participants required to offer class. Maximum of 20 participants/session

Session: June 13 - 17 (M-F)

_____ 5:30 p.m. - 6:20 p.m.

Cost: \$30.00 (per session/per student)

Payable to: City of Wray

Waiver Statement: I hereby give my permission for the above named to participate in the swim program with the Wray Aquatic Center, City of Wray. I understand that we are doing so under our own risk and hereby release and forever discharge the City of Wray, its employees, officers, and agents from any injuries or damages arising from participating in this program. I have read and understand this statement.

Photo Release: By signing this registration, I grant consent for my minor's photograph to be taken while participating in these swim lessons with the City of Wray, to use and publish photographs of minor in all forms of media including, but not limited to, Wray Aquatic Center newsletter, flyers, Facebook and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release the City of Wray from any claims I may have against it for use of such photographs.

Signature: _____ **Date:** _____

Date Paid: _____ Check #: _____ Cash: _____ Initials of Employee: _____
Accepting Payment