



Anson County Parks and Recreation

Swim Lessons Registration

Swimmer's Name _____ M / F Phone _____

Parent's Name _____ Phone _____

Email / Text _____

Home Address _____

Child's Age _____ School _____ School Grade _____

Date Of Birth(Month / Day / Year) _____

Does your child presently take any medication or have any type of physical condition our staff and coaches should be aware of? _____

Name / Phone Number of Family Physician: _____

Youth Swim Lessons

Which Level: (Circle One)

	Level 1, 2 Beginner	Level 3, 4, 5, 6 Advanced	Parent/Child 1, 2 Preschool 1, 2, 3
Age	6yrs-14yrs	6yrs – 14yrs	6m – 5yrs
Time:	9:30 -10:00am	10:15 – 11:00am	11:15am-11:45am

Which Session: (Circle One)

June 18 - 28

July 9 – July 19

July 23 – Aug 2

Permission and Release Statement:

(NAME OF CHILD) _____ HAS MY PERMISSION TO PLAY IN THE ANSON COUNTY PARKS AND RECREATION AQUATICS PROGRAM. I HEREBY FOR MYSELF AND MY CHILD FULLY UNDERSTAND THAT PARTICIPATION IN THIS ACTIVITY COULD RESULT IN ACCIDENTAL INJURY INCLUDING BUT NOT LIMITED TO TRIPPING, TWISTING OF ANKLE/KNEE JOINTS, ABRASION'S AND BRUISES: OR POSSIBLE DISABLEMENT OR DEATH. I ALSO UNDERSTAND THAT PARTICIPATION IN AQUATICS REQUIRES THAT HE/SHE BE IN GOOD PHYSICAL HEALTH, AND I FULLY ACCEPT FULL RESPONSIBILITY FOR HIS/HER PHYSICAL CONDITION. I FULLY ACCEPT RESPONSIBILITY FOR ALL MEDICAL INSURANCE FOR ANY INJURY, POSSIBLE DISABLEMENT OR DEATH.

BEING FULLY AWARE OF THE DEGREE OF RISK INVOLVED, I CHOOSE TO ALLOW THE AFOREMENTIONED CHILD TO PARTICIPATE IN THE ANSON COUNTY PARKS AND RECREATION AQUATICS PROGRAM. I ALSO HEREBY RELEASE MY CHILD FOR MEDICAL TREATMENT BY A LICENSED, QUALIFIED PHYSICIAN SHOULD HE/SHE BECOME ILL OR INJURED IN MY ABSENCE DURING THIS PROGRAM.

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____