City of Elko -Learn-to-Swim Lesson Registration

Participant #1 Information

Participant Name: _____ Birth Date/ Age: _____ Sex: _____
First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Participant #2 Information

Participant Name: _____ Birth Date/ Age: _____ Sex: _____
First Last

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Emergency Information

Parent/Guardian Name: _____

Secondary Emergency Contact: _____

Telephone: _____ Mobile: _____ Relationship: _____

Medical Information

Does the participant (s) have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No

If yes, please explain: _____

_____

Directions: Fill in the preferred course

Participant #1 Level of swimming:	Course Time:	Session dates:
Participant #2 Level of swimming:	Course Time:	Session dates:

Fee Information

Fee: $_____ per child Cash[ ] Check [ ]

For and in consideration of the voluntary permission to have the PARTICIPANT take part in the program, I agree to DEFEND, INDEMNIFY, RELEASE, AND HOLD HARMLESS, City of Elko, City of Elko Municipal Swimming Pool Department, respective agents, officers, directors, contractors and employees (collectively, the "Released Parties") from any and all claims that may result of physical injury to the PARTICIPANT, including death, or loss sustained in connection with the program. I promise not to sue the Released Parties and further agree that if anyone is physically injured while I am engaged in this program, I will have no right to make a claim or file a lawsuit against the Released Parties. I authorize a licensed physician or other medical care provider to carry out any emergency medical care of the PARTICIPANT. I agree to pay all costs associated with such medical treatment and related transportation for my PARTICIPANT. I irrevocably grant City of Elko and City of Elko Municipal Swimming Pool permission to use and own the copyright to any photograph, videotape and other likeness of the PARTICIPANT taken while participating in the program. Such material, may be used in a medium for any purpose whatsoever. This release of Liability supersedes any other agreements or presentations by or between the parties and is governed by the laws of the State of Nevada and is intended to by interpreted as broadly as possible. This agreement is binding on my estate, heirs, administrators and assigns and shall be governed by the laws of the State of Nevada. I agree that exclusive jurisdiction and venue of any legal action shall be in the local district court or the federal court of the State of Nevada. If any part of this agreement is determined to unenforceable, all other parts shall be given full force and effect.

****Refunds will not be given due to illness or vacation conflicts. Cancellations must be made BEFORE the lesson starts to receive a refund. If you must cancel the registration a $5.00 administration fee will be assessed per child**.

Signature: _____ Date: _____

Parent's signature required for all participants under 18 years of age.