

# Mapleton Indoor Swim Lesson Registration

Participant's Name: \_\_\_\_\_  
 (Please fill out a separate registration for each child. It helps us keep things organized better.)

Parent/Guardian's Name(s): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone # \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

\*\*Mailing Address: \_\_\_\_\_

Legal Residence (if different): \_\_\_\_\_

Medical Concerns/allergies/ other issues to be aware of:  
 \_\_\_\_\_

Requested Swim Lesson Level: \_\_\_\_\_

**CIRCLE ONE:**      Mondays                                  Sundays                                  Mondays and Sundays

<u>CLASS</u>	<u>CLASS SIZE</u>	<u>How do I know which class I should be in?</u>
Parent/Toddler	15	Parents get in the water with kids under 3
3-5 yr old (non-swimming)	6	Beginner under the age of 6
3-5 yr old (swimming)	6	Under 6 and can swim at least half the width of the pool independently
Level 1	8	Beginner (must be at least 6 years old)
Level 2	8	Can swim the width of the pool on their belly
Level 3-4	10	Can swim the width of the pool on their belly and back
Level 5-6	10	Stroke improvement

### SWIM LESSON FEES:

\$35 per child for once a week lessons

\$60 per child for twice a week lessons

**\$20 late fee if registering after March 13<sup>th</sup>.**

### FOR OFFICE USE ONLY

Date registration received \_\_\_\_\_  
 Cash/Check # \_\_\_\_\_  
 Sundays ONLY \$35 \_\_\_\_\_  
 Mondays ONLY \$35 \_\_\_\_\_  
 Mondays and Sundays \$60 \_\_\_\_\_  
 Late Fee (register after March 13<sup>th</sup>) \$20 \_\_\_\_\_  
 Total fee: \$ \_\_\_\_\_

**TOWN OF MAPLETON, CASTLE HILL & CHAPMAN  
RECREATION PROGRAM WAIVER**  
RELEASE OF LIABILITY AND WARNING PLEASE READ BEFORE SIGNING!

1. In consideration for \_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print Name) (mm/dd/yy)

hereafter referred to as MINOR CHILD, being allowed to utilize the programs, services, facilities and equipment available in the MAPLETON, CASTLE HILL & CHAPMAN RECREATION PROGRAM (hereafter referred to as MCHCRP) and on the grounds surrounding it, **I voluntarily agree to assume all risks involved in my MINOR CHILD participating in or using the programs, services, facilities and equipment of the MCHCRP.** I understand that direct supervision by MCHCRP staff may not be provided and by participating in or using the programs, services, facilities and equipment of the MCHCRP, **my MINOR CHILD is exposed to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD'S participation in or use of the programs, services, facilities and equipment of the MCHCRP that cannot be specifically listed. Further, I recognize that the actions of other users of the MCHCRP may cause harm or loss to my MINOR CHILD'S person or property.

2. I release the Towns of Mapleton, Castle Hill & Chapman, the Recreation Department, and the employees, the agents or representatives or staff of Mapleton, Castle Hill & Chapman (hereafter referred to as the Towns) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the Towns that I, or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD'S participation in or using the programs, services, facilities and equipment of the MCHCRP. I also release the Towns from loss or damage to the person or property of my MINOR CHILD caused by other users of the MCHCRP.

3. If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.

4. By signing as the parent or guardian of the MINOR CHILD, I represent that I am the **legal** parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability.

5. In the case of an emergency where I cannot be reached, I hereby give authorization to the Towns, MCHCRP, its employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above.

6. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the MCHCRP, and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD

Printed name of LEGAL Parent or Guardian#1	Signature of LEGAL Parent or Guardian #1	Date
--	--	------

Printed name of LEGAL Parent or Guardian#2	Signature of LEGAL Parent or Guardian #2	Date
--	--	------

(If available and applicable, we request the name and signature of two legal parents or two legal guardians on this document.)

**NOTE:** It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.