

Completed by staff only:

Summer Session 1 2 3 4

Time 10-11 11-12 12-1

Winter Session 1 or 2

MPT: Time: _____

Payment

Check # _____ \$ _____

Cash \$ _____

Date _____

Initials _____

Official Consent Form Ludington Recreation Swim Lessons

(Completed by staff only)

Child's name: _____ Date of Birth _____ age: _____ *Last level completed* _____
School _____ grade _____

Child's name: _____ Date of Birth _____ age: _____ *Last level completed* _____
School _____ grade _____

Child's name: _____ Date of Birth _____ age: _____ *Last level completed* _____
School _____ grade _____

Child's name: _____ Date of Birth _____ age: _____ *Last level completed* _____
School _____ grade _____

Parent name: _____ Cell #: _____ Work #: _____

Parent name: _____ Cell #: _____ Work #: _____

Address: _____ **HOME PHONE #:** _____

City: _____ State: _____ Zip: _____

Name of Physician: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

Medical Problems, allergies, etc. _____

LIABILITY WAIVER: In consideration for your acceptance of this consent, I, intending to be legally bound hereby, my heirs, executors, and administrators waive and release the Ludington Recreation, City of Ludington, Ludington Community Pool, and their agents, representatives, committees, and members, from any and all claims or rights to damage for injuries or losses suffered by myself, and/or members of my family, directly or indirectly while participating in the Ludington Swimming Lessons Program.

Disrespect shown towards Swim Representatives will not be tolerated. Disrespect, or any rowdy behavior, will be grounds for expulsion from the Swimming Lessons Program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____