



**TREMONT AREA PARK DISTRICT
POOL PROGRAM REGISTRATION FORM**

DATE: _____

Parent's Name: _____

Phone: (h): _____ (w): _____

Address: _____

City: _____ Zip code: _____

Email: _____

Cell phone: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Participant's Name	M/F	DOB	Session	Time	Level	Fee	T-shirt (swim team only)

Paid: cash or check #: _____

Total fees: _____

HOUSEHOLD INFORMATION

Please list any allergies or special needs:

AUTHORIZED TO PICK UP

NAME	ADDRESS	HOME PHONE	WORK PHONE

Waiver and Release

Read over Carefully

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby full release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in the Park District brochures, publications, slide presentations, etc. I have read and full understand the above Program Details and Waiver and Release of all Claims.

Signature of Participant or Parent/Guardian

Date