Date	Receipt #	Meml	bership#	Initials	
B P C I I I I I I I I I I I I I I I I I I	Bennett Park and Rec PRIVATE/SEMI-PRIVATE Swim Lessons 2024 Registration Form				
Parent's First Name		Parent	Parent's Last Name		
Cell Phone		Email	Email		
Emergency Contact Name		Emerg	Emergency Contact Phone		
PHYSICAL Address					
City		State	Zip Code	County	
Swim	nmer's Name (First/Last)		Age	Date of Birth (mm/dd/yy)	
	_				
(1 child. Semi-priva (2 children Private and semi-private let us know value) final arrangements.	ivate lessons are schedowhich times and dates v FULL payment must b	uled on a case per would work best be received befor	er case bases. for you and our instee lessons are schedu	Idren must be paid together* tructor will contact you to make uled. FUNDS ARE AVAILABLE	
Choice 1 (day/time):Choice 2 (day/time):			FOR ADAMS COUNTY RESI- DENTS BETWEEN THE AGE OF 5		
Choice 3 (day/time)	hoice 3 (day/time):		AND 18. SEE FRONT DESK FOR MORE INFO.		
Has the swimmer ta	ken swimming lessons	in the past?	□YES □NO		
			USE ONLY Swim Les		
Total Payment Due \$			Punch card#- FC		

There is a \$50 processing fee for all returned checks.

SWIM WAIVER

Swimming under this waiver releases Bennett Park and Recreation District, it's employees, members, patrons, volunteers and board members from any responsibility in the event of any injury, accident, illness, death or loss incurred while using the aquatic facility.

Swimming under this waiver is also subject to agreeing to all conditions as described in the Pool Rules & Regulations posters that are in the aquatic facility. By signing this waiver, you are agreeing that you have read, fully understand, and are responsible for complying with the Pool Rules & Regulations as well as the posted facility rules.

Please initial next to each statement acknowledging you have read them and will abid	le by the rules of participating in this
program: I understand that there may not be a lifeguard will be on duty at the time I/my r	minor children will be swimming
I understand that I/my minor children must sign in and out for record keeping p	
I understand that I/my minor children must wear appropriate and approved swin	
I understand that I/my minor children must take a shower, getting wet complete	
the pool (as per the local health department's regulation).	
I understand that I/my minor children are not allowed to be in the water without	
the lessons. Students are expected to sit on the bleachers/benches in the aquatic area a	
for them. Any student who breaks this rule and enters the water without permission w	vill forfeit their participation in this
program and refunds/credits will not be given.	1 4 7/ . 1 11
I agree to assume all fiscal responsibility for medical rescue or other expenses the	hat I/my minor children may incur as
a result in participating in this aquatic program.	direct to comply with these require
I acknowledge that failure on my/my minor children's part, whether direct or in ments and acknowledgments, shall result in the revocation of my right to participate i	
I understand that I will be held liable for any lost, damaged, or broken property	
dren cause while participating in this program.	or equipment that I/my minor emi-
I understand that swim lessons are not refundable or train	nsferable. No credits will be
given for cancelled, missed or no-show appointments. A 48 hour	
schedule a private or semi-private lesson, group lessons cannot	
48 hour notice will result in a no-show. Being more than 10 min	
lesson will result in a no-show. No-show lessons will not be resch	•
lesson will result in a no-snow. No-snow lessons will not be resc.	neduled of made up.
RISK WAIVER & RELEASE OF LIABILI	
I recognize and acknowledge that there are certain risks of physical injury to p	participants in these programs/
activities, and I voluntarily agree to assume the full risk of any and all injuries	, damages or loss, regardless of
severity, that my minor child/ward or I may sustain as a result of said participa	
relinquish all claims I or my minor child/ward may have (or accrue to me or m	_
pating in these programs/activities against the Bennett Parks and Recreation D	
agents, volunteers and employees. I do hereby fully release and forever discharge	_
tion District from any and all claims for injuries, damages, or loss that my min	or child/ward or I may have or
which may accrue to me or my minor child/ward and arising out of, connected	with, or in any way associated
with these programs or activities. I have read and fully understand the above i	
risk, assumption of risk and waiver and release of all claims.	imperant internation, warning of
risk, assumption of risk and warver and release of an elamis.	
BY SIGNING THIS FORM YOUR ARE AGREEING TO THE	
ITY, ABOVE LISTED PROGRAM RULES, AQUATIC FACII	LITY AND FACILITY
RULES.	
X	
Signature	Today's Date