



BONNER SPRINGS SWIMMING LESSONS APPLICATION - 2008
SWIMMING LESSONS FEE: \$35.00

REGISTRATION DEADLINE IS FRIDAY BEFORE THE START OF EACH SESSION
(PLEASE PRINT)

NAME: _____ SEX: _____ DATE OF BIRTH ____/____/____
MO DAY YR

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____ AGE (AS OF 6/1/2008): _____

CITY: _____ ZIP: _____ GRADE (2007-2008): _____

PHONE: _____ SCHOOL: _____

LEVELS: PARENT/CHILD (6 mo-3 yrs) ____ Preschool (3-4 yrs) ____ LEVEL 1 ____ LEVEL 2 ____ LEVEL 3 ____ LEVEL 4 ____
LEVEL 5 ____ Competitive ____ Adult (13yrs and over) ____

SESSIONS (Please mark the one that applies):

ONE (June 9-19) ____ TWO (June 23-July 3) ____ THREE (July 7-July 17) ____ FOUR (July 21-July 31) ____

TIME: 9:00 to 9:30 am ____ 9:45 to 10:15am ____ 10:30 to 11:00am ____ 8 to 8:45 pm ____

(NOTE: The evening class is only offered in SESSIONS THREE & FOUR.)

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

MEDICAL PROBLEMS: _____

WAIVER AND RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

PARENT OR GUARDIAN

DATE

**WE LIMIT CLASSES SIZE TO 6.
IF CLASSES ARE FULL, YOU MAY CHOOSE TO BE ON THE WAITING LIST.**

STAFF USE ONLY					
Staff: _____	Date: _____	Party Fee: _____	TOTAL: _____		
Receipt # _____	Permit # _____	Cash _____	Check # _____	Credit Card _____	cc/RRR _____