

2019 Swim Lesson Bus Registration June 10, 2019-June 21, 2019

- Bus will begin loading at the West Branch Public Library at 8:45am and return around 10:45am
- Swim lessons will take place Monday-Friday from June 10, 2019-June 21, 2019.
- All lessons will be outdoors!
- The bus fee is \$20 per person or \$30 family rate payable to the City of West Branch.
- Child is responsible for getting themselves ready in the locker room.
- You must also register for Red Cross Swim Lessons with Tipton Aquatic Center. There is a \$40 fee for swim lessons.

Make checks payable to: **City of West Branch.** Contact Park and Recreation Director Melissa Russell at 319.930.0393 or melissa@westbranchiowa.org with questions.

Registration forms/fees must be turned in at the West Branch City Offices at 110 N Poplar Street no later than **June 1.**

One Family per form. Please indicate which swim level (Lil'Flippers, 1, 2, 3, 4) your child will register for.

Child's Name _____ Current Grade _____ Swim Level _____

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Child's Name _____ Current Grade _____ Swim Level _____

Waiver

Parent's statement

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and protective equipment does not prevent all injuries to participants. I hereby give permission for my child, ward, or myself to participate in the below registered program and/or activity and certify that my child (or myself) is physically fit to join in the activities. I hereby waive, release, and agree not to hold the City of West Branch Parks and Recreation Department, West Branch Community School District, sponsors, supervisors, and volunteers liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants taken during a program to be used for future departmental promotional materials.

Please take note and govern yourself accordingly.

THE WEST BRANCH PARKS AND RECREATION DEPARTMENT AND THE CITY WEST BRANCH HAVE NO ACCIDENT INSURANCE TO PROTECT THE PARTICIPANTS

Parent/Guardian Signature _____ Parent/ Guardian Print Name _____

Address: _____

Home Phone/Cell Phone: _____ Email (print neatly): _____

Office Use Only

Amount Paid \$20 _____ \$30 _____ Other _____ Scholarship Requested _____

Check # _____ Cash _____ Credit Card _____