City of Foley Swim Lessons 2021 Registration

Please Print All Information

Circle One: Cash Check Receipt # _____
Amount: $ _____ Check #: _____ Initials: _____

Swimmer's Name: _____

Mailing Address: _____

Email Address: _____

Date of Birth: _____/_____/_____ Age on June 1, 2021:_____

Day Phone #:_____ Night Phone #:_____

Additional Phone #: _____

Are there any special medical conditions that the coach should be aware of for practice and meets? _____

Parental/Guardian Release Agreement

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the swimming program sponsored by the City of Foley. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this swimming program. I hereby agree to indemnify and hold harmless the employees of the City of Foley, the Officials, Lifeguards, and any Other Person affiliated with the City of Foley Swimming program for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the City of Foley Swimming program, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. I also certify that the date of birth listed above is correct.

Parent/Guardian Signature:_____ Date:_____

Print Name: _____