**LEXINGTON PARKS AND RECREATION**

**SWIMMING LESSONS**

CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS/GUARDIANS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN NAME & PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHILD’S AGE:\_\_\_\_\_\_\_\_\_

SESSIONS WILL BE HELD PENDING A MINIMUM ENROLLMENT OF 5 STUDENTS PER SESSION WITH A **MAXIMUM OF 15** PER SESSION.

***FIRST COME, FIRST SERVE.***

MUST BE 3 YEARS OLD BY THE TIME THE SESSION STARTS.

**$50.00 PER STUDENT**

**CLASS DATES: July 17 – 27 (Monday-Thursday)**

*MAKE-UP DAYS WILL BE FRIDAYS if needed (July 21 & 28)*

**CLASS TIME SESSIONS**: *(please circle which time you prefer)*

**11:00am-12:00pm ~or~ 6:30-7:30pm**

I hereby verify that I am the Parent or Guardian of the minor indicated above. I acknowledge that participation in swimming event necessarily involves the risk of physical injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge and hold harmless the City of Lexington, Parks and Recreation Department, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Lexington Parks and Recreation sponsored activities.

Parent/Guardian Signature Date