



Clara R. McKenna Aquatic Center 2017 Summer Swim Lesson Registration

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|-----------------------|----------------|--------------------------------------|
| Parent/Guardian Name: | | |
| Address: | City: | Zip Code: |
| Day Phone: | Evening Phone: | Emergency Contact Name: Phone: |
| E-mail Address | | Aquatic Center Member: Yes No |

| Participant's Name | Age | Session/Course/Time | Fee |
|--------------------|-----|---------------------|-----|
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Total: _____

Please list any medical conditions of any of the participants that the instructors should be aware of:

Hold Harmless Agreement/Photo Release Signature:

The undersigned shall indemnify, defend and hold harmless the Clara R. McKenna Aquatic Center and the Unified School District of Antigo, their officers, employees, and volunteers from against any and all liability, loss, damage, expense, costs (no limitation) of every nature arising out of the undersigned's use of all of the facilities at the Aquatic Center.

If emergency treatment is necessary and parents cannot be reached, may school personnel use their own judgment in calling emergency authorities? _____ Yes _____ No

I grant permission to the Clara R. McKenna Aquatic Center and the Unified School District of Antigo to take and use photographs and/or digital images for use in promotional materials. _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

| | | |
|------------------------|------------|-----------------|
| For Office Use: | | |
| Check# _____ | Cash _____ | Receipt # _____ |