

City of Port Townsend Pool Registration Form



Adult's Last Name _____ Adult's First Name _____
 Home Phone (____) _____ Cell Phone (____) _____ Email _____
 Address _____ City _____ Zip _____

Participant Name	Date of Birth	Age	Sex	Class Name & Session #	Fee \$
				DONATION TO SUPPORT SWIM LESSON SCHOLARSHIP FUND?	
				TOTAL	

CHECK # _____ (Make payable to City of Port Townsend)

VISA/MC # _____ / _____ / _____ / _____ Expiration Date _____
 OR
 AMEX # _____ / _____ / _____ Expiration Date _____

Authorized Signature _____

For and in consideration of permission to participate in the recreation activity, I the undersigned participant (if over age 18) or parent or guardian (if participant is under 18) completely release and agree to indemnify and hold the City of Port Townsend and its employees, its hired or contracted instructors and any other person, volunteers or organizations affiliated with the City of Port Townsend in connection with this recreation activity harmless from and against any and all liability for any injury or damage from negligence or otherwise which may be suffered by the participant arising out of or in any way connected with this recreation activity. I realize that recreation activities have an inherent risk of physical injury. If the participant has any physical ailments or conditions, which might affect his/her health by participating in the activity, I have consulted a physician or other medical authority and received permission to participate.

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY: PAID \$Cash _____ \$Check _____ \$Charge _____ Receipt # _____ Date _____