



CITY OF WHITE CLOUD
SWIMMING REGISTRATION FORM

Student Name: _____ DOB: _____

Check One: Parent/Child Guppies Tadpoles Froggies Gators Seahorse

Parent/Legal Guardian: _____ Phone: _____

Address: _____ Work Phone: _____

Email address: _____

Has your child taken lessons in the past? Yes ___ No ___

If so, how many summers of lessons? _____

****Emergency Contact Name & Address: (if parent is unavailable):
Relationship: _____ Phone: _____

Family Physician Name: _____ Phone: _____

Name of Insurance Company: _____

Policy #: _____ Group #: _____ Phone: _____

_____(child's name) has my permission to participate in the White Cloud Community Swimming Program. I understand the dangers associated with participation in athletics, and the possible risk serious injury. I assume all risks and hazards incidental to the conduct of the activities involved in swimming. I do further hereby release, absolve, indemnify and hold harmless the City of White Cloud Community Swimming Program, the organizers, the sponsors, and the supervisors. In case of injury to my child, I hereby waive all claims against the organization, sponsors, and any supervisors appointed by them.

Parent/Legal Guardian: _____ Date: _____