



Brownfield Rec Swim Lessons 2023



Participant Information:

Participant Name: _____ Birth Date: _____ Sex: _____

First _____ Last _____ NON RESIDENT FEE \$30 YES NO

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Mobile: _____ Text: _____ Facebook: _____

E-mail Address: _____ Preferred method of contact: _____

Emergency Information:

Parent/Guardian Name: _____

Phone: _____ Mobile: _____ Relationship: _____

Secondary Emergency Contact: _____

Phone: _____ Mobile: _____ Relationship: _____

Medical Information:

Does the participant have any medical condition of which the instructor should be aware? (For example, diabetes or suffers from seizures.) Circle one: Yes No

If yes, please explain: _____

Waiver/Release Statement:

Your signature below acknowledges the fact that as you choose to participate in the Brownfield Recreations Swim Program you assume the risk, responsibility, and liability and waive and release any claims for injuries, damages, and/or loss that you or your minor child sustain through participation in this program.

I know that there are risks of physical injury from participating in this program and I assume these risks be they injuries, damages, and/or loss regardless of severity. I further agree to waive and relinquish all claims against the Town of Brownfield including its officials, agents, volunteers, and employees.

I have read and understand this important warning of risk including its assumption and waiver and release of all claims.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name