



REGISTRATION FORM

SWIM LESSONS

Registration Begins May 1, 2023

\$50.00 Session Fee

Make all checks payable to: **City of Mt. Vernon**

Please Circle One:

Babies & Tots / Swim School / Stroke School

Session: 1 2 3 4 **TIME:** _____

PARTICIPANTS NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL _____

BIRTH DATE _____ AGE _____ M / F

(Please complete release on back)

RELEASE OF ALL CLAIMS BY MINOR AND BY PARENT

This Release made this ____ day of _____, 2023 by the undersigned for the undersigned, and as parent and on behalf of my minor child, _____.

In consideration of permission to participate in the recreational activity of **Swim Lessons** and in consideration of permission to use the facilities and property of the Mt. Vernon Parks Department and the City of Mt. Vernon, Illinois, its Departments, its agents, its instructors and employees and all team or other sponsors for the activity from all actions, causes of actions, claims, or damages or death, personal injury, or property damage which we, our heirs, executors, administrators, or assigns may have against the City of Mt. Vernon and the other above-described parties for injuries of any type, known or unknown, which the above-named minor child has or may incur by participating in the above-described recreational activity.

The undersigned further understands that serious accidents occasionally occur during participation in the above-described recreational activity, and that participants in such activity occasionally sustain mortal or serious injuries and/or property damage as a consequence thereof. Knowing the risk of the recreational activity, nevertheless, we hereby agree to assume those risks and to release and to hold harmless the City of Mt. Vernon and all other above-described parties who might otherwise be liable to us, our heirs, or assigns for damages.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding upon our heirs and assigns.

The undersigned, individual and as parent of, and on behalf of the above-named minor child, has read this Release and understands all of its terms and has executed this Release voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, this Release has been executed at Mt. Vernon, Illinois the day and year first above written.

Parent or Guardian Signature

Participants Name (PRINT): _____

Parent Information

Class Make-Up Policy: Should inclement weather occur and 1 or 2 classes must be cancelled, a make-up date will be announced or additional time may be added to each remaining class. Should more than 2 classes be cancelled, partial refunds will be determined at that time.

In the event of cancellation: Announcements will be made via the Aquatic Zoo Facebook page and posted on <http://www.enjoymtvernon.com/aquatic-zoo>.

Babies and Tots : Classes require a parent/guardian to accompany and be in the water with the child during the lessons.

Classes: Once the class that your child has been enrolled begins, changing classes will not be an option. If you have questions as to which class your child should be in, please fill out the questionnaire attached in this packet.