



## Arbuckle Parks and Recreation District Swim Team Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

### Emergency Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Fee \_\_\_\_\_ Method of Payment \_\_\_\_\_ Receipt # \_\_\_\_\_

**Multiple Child Discount: 1 child -\$90, 2 children- \$175, 3 children- \$255**

(Please make checks out to Arbuckle Parks and Recreation District or APRD)

There are no refunds for programs after the first day. Refunds that are given will have a \$5.00 or 15% sir charge, which ever is less.  
There are no make-ups unless something unexpected occurs with the facility or the instructor.

Health Insurance Company \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that Participants agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give my permission for the above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her own risk.

Parent/Guardian Signature \_\_\_\_\_

Photo Release: Photos may be taken for publicity purposes only during program events.

Parent/Guardian Signature \_\_\_\_\_