

Ridgefield Recreation Center Swim Registration

Parent/Guardian: _____ **D/O/B:** ___/___/___ **M/F** ___
Child's Name: _____ **D/O/B:** ___/___/___ **M/F** ___
Home Phone Number: (____) _____ **Work Phone:** (____) _____
Emergency Name: _____ **Emergency Number:** (____) _____
Address: _____ **City:** _____ **State:** ___ **Zip:** _____
E-Mail Address: _____
How did you hear about us? Birthday Parties ___ Kids Events ___ Newspaper ___ Realtor ___
 Online Search ___ Website ___ Other ___ Friend Referral (Print Name): _____

SWIM REGISTRATION

Program	Level (CIRCLE)	Day (CIRCLE)	Time (WRITE IN)	Fee (WRITE IN)
Parent & Child Aquatics Date of Birth: _____	Level 1 6-20 months	MON SAT	_____	_____
	Level 1 21 months-3 years	MON SAT	_____	_____
	Level 2 6-20 months	SAT	_____	_____
	Level 2 21 months -3 years	SAT	_____	_____
Pre-School Learn to Swim 4-5 years old Date of Birth: _____	1 2 3 Must be born before: 6/28/06	M T W TH F S M T W TH F S M T W TH F S	_____ _____ _____	_____ _____ _____
	Learn to Swim 6 years to adult	Must be born before: 6/28/04	M T W TH F S	_____
		1 2 3 4 5 6	M T W TH F S M T W TH F S	_____ _____
ADULT (13+)		M T W TH F S	_____	_____

<p>** Anyone with special needs should contact Barbara Carvalho at 431-2755**</p> <p>Is child in good physical condition? YES NO</p> <p>If not, explain briefly: _____</p>	<p>**STAFF USE ONLY**</p> <p>Date: _____ Membership: Y N</p> <p>Complete Form: Y Attachments: Y</p>
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<p>Payment: VS ___ MC ___ Check ___ Cash ___</p> <p style="padding-left: 100px;">Check # _____</p> <p>CC #: _____ Exp: _____</p>	<p>Total: \$ _____</p>
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AQUATIC REFUNDS: Refunds will not be honored if an individual cancels a class within 1 week prior to the start of the session (not the start of class). Any refund request made prior to this time will be surcharged of \$25.00 administrative fee per person. Refunds (medical only) for the remainder of the session only when verified by a physician's note. Prorated refunds for individual classes missed will not be honored, even with a doctor's note. Although we make every effort to reschedule classes, there are no weather related refunds.

WAIVER OF TOWN LIABILITY: I recognize that by the nature of this activity that an injury might occur. In the event of an injury to my family member, or myself I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Parks & Recreation, its employees, and instructors of all liability. I understand that this release applies to any present or future injuries. **I agree that all photos taken during activities may be used for local advertising purposes at the discretion of the Ridgefield Recreation Center.**

I have read this and sign it voluntarily.

Signed: _____ **Date:** _____

