

2011  
TROY RECREATION DEPARTMENT  
PRIVATE SWIM LESSONS

\$20.00 FOR ONE 30 MINUTE PRIVATE SESSION.

(MAXIMUM OF TWO (2) PARTICIPANTS PER ONE 30 MINUTE SESSION)

TIME AND DATE TO BE DETERMINED BY PARTICIPANT AND INSTRUCTOR

Participant's Name \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

REGISTRATION FEE: \$20.00 \_\_\_\_\_ PAID

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in Private Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or legal guardian)

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

-----  
**FOR OFFICE USE ONLY:**

NAME OF INSTRUCTOR: \_\_\_\_\_

TIME & DATE OF LESSON: \_\_\_\_\_