

REGISTRATION FORM

Participant's Name: _____ Parent/Guardian's Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Participant's birthdate: _____ Gender: F M E-mail address: _____

SWIM LESSONS/WATER FITNESS/ADULT SWIM TEAM:

1st choice: Session: _____ Pool: _____ Class: _____ Time: _____ Dates: _____ Fee: \$ _____

2nd choice: Session: _____ Pool: _____ Class: _____ Time: _____ Dates: _____ Fee: \$ _____

SWIM TEAM INFORMATION ONLY

Pool: _____ Fee: \$70 (Swim Team)
T-Shirt Size (optional): Child: S M L Adult: S M L XL 2XL Fee: \$10 (Swim Team t-shirt)

Release of Liability:

In consideration of participant being allowed to participate in the registered Learn to Swim class (es) or program (s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. I verify that all of the above information is true and correct. I have also read, understand, and will comply with the policies and procedures set by the City of Austin Aquatics Division.

Credit Card Payment Information

Visa/Mastercard Number Expiration Date

Cardholder's Signature

Fax: 974-9344 or 476-3048

Signature of Parent/Legal Guardian (if under 18yrs) or Participant _____ Date _____

Does participant have any needs requiring special care in order to participate in program/activity? Yes ___ NO ___

Please specify _____

Individuals with disabilities are encouraged to participate in the COA Parks and Recreation Department Programs. You may request special accommodations to facilitate your participation/inclusion in these programs. Reasonable accommodations will be made on an individual basis. **Please contact the Aquatic Office 974-9331 as soon as possible if you would like to request an accommodation.**

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