



WHITE – Stays at pool
 YELLOW- Natatorium
 PINK-Customer



**Aquatics/ Learn to Swim/Water Aerobics Program
 Registration Form**

Participant Name- Last			First	MI	Age	Level	Pool	Session Date
Current Address		Number	Street		Apt.	Home Phone Number () -		Session Time
City		State			Zip Code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mother/Guardian's Name:				Father/Guardian's Name				
Work Phone		Other Phone		Work Phone		Other Phone		

NO REFUNDS

RELEASE OF LIABILITY

In consideration of participant being allowed to participate in the Aquatics Program, the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss from or due to any negligent 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. Permission is given for any emergency medical treatment, operation or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Signature of Parent /Guardian of Participant: _____ Date: _____

PD \$ _____ CASH _____ CHECK# _____ RECEIPT# _____ STAFF INIT _____ www.sanantonio.gov/parksandrec