

**SWIM LESSONS REGISTRATION FORM**

**July 11, 18, 25, August 1, 8, 2017**  
**\$25 per person**

**Lesson (check one):**

**Beginner 12:00PM**

**Intermediate 11:30AM**

**Advanced 11:00AM**

Participants Name \_\_\_\_\_ Age\_\_ Grade \_\_ Male/Female\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Information about your child's swimming ability or concerns that may be helpful for our instructor \_\_\_\_\_

**Payment Information**

Payment is required at the time of registration with checks made payable to Town Of Belmont. Forms and payment can be dropped off at the Belmont Parks & Recreation Office, or mailed to Town of Belmont, PO Box 310, Belmont, NH 03220, Attn: Parks & Rec.

**Refund/ Cancellation Policy**

Program fees are non-refundable. In the event of a family emergency or medical problem a refund or partial refund can be requested in writing. The Recreation Director will advise if a refund or partial refund can be granted. If Belmont Parks and Recreation cancels a program, a full refund of the registration fee will be given. Returned checks will be charged \$25.00.

**Release of Liability & Emergency Medical Information**

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and whether I or the minor participant named below have the ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself or the minor participant named below, waive and release all rights and claims against the Town of Belmont, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity.

I give my permission for myself to be treated by qualified medical personnel if I am injured, or for the minor child participant named below to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided; I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

**For Hospital Information only:**

Our Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

I understand the cancellation/refund policy is strictly enforced. If the program is cancelled by the Department, I will be notified and a full refund given. I also understand that if I miss any of the activities/classes, I may not be able to get a refund or an administrative fee may be deducted from any refund. As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture or the picture of my child(ren) and use it for advertising and promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature for minor participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian PRINTED NAME

\_\_\_\_\_  
Relationship to Participant

Official Use Only: Belmont Resident [ ] Yes [ ] No Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_