



City of Prosser
 601 7th St., Prosser, WA 99350
 (509) 786-2332 Fax: (509)786-3717

Recreation Registration Form

Swim Lessons (Fee \$30 Per Session)

Parent/Guardian Name _____ Phone # _____
 2nd Parent/Guardian Name _____ Phone # _____
 Address _____
 Emergency Contact _____ Phone # _____

Participant's Name	Date of Birth	M/F	Allergies, Injuries, Disabilities, etc.	
	/ /			
Session Dates	Time Slot		Swim Level	Amount
				\$

Participant's Name	Date of Birth	M/F	Allergies, Injuries, Disabilities, etc.	
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				\$

Participant's Name	Date of Birth	M/F	Allergies, Injuries, Disabilities, etc.	
	/ /			
Session Dates	Time Slot		Swim Level	Amount
				\$

Waiver of Liability/Release

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death, or other consequences, that may arise or result directly or indirectly from the activity. Being fully informed of these risks and in consideration of the privilege of participating in the described activity, I hereby assume all risk of injury or liability and waive any right of recovery from or to bring suit against the City of Prosser for any personal injury, death or other consequences arising out of participation in the activity, except for the sole negligence of the City of Prosser. In the event the participant is injured, or becomes seriously ill, and I cannot be reached, I authorize the program director or any program personnel, to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment, deemed advisable by the circumstances. I understand that I have read and do fully understand all of the above. I give consent as the participant or the parent/legal guardian of the participant, to be photographed or videotaped during the class and release images by the City of Prosser for promotional purposes. I certify that I am the participant or parent/legal guardian of the participant named above; that I have read and fully understand the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above named person to participate in the activity.

Refund Policy

Refunds must be requested in writing five (5) business days before the activity begins. No refund will be allowed once the program begins. Refunds are assessed a \$10.00 processing fee per participant. Refund checks are issued and mailed upon receipt of request and upon the approval of the City of Prosser City Council. Refunds will not be granted for any program cancelled due to inclement weather or circumstances beyond the City of Prosser's control. The City of Prosser will offer make up times on a case by case basis.

NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider and employer.

 Signature of Parent/Guardian/Participant

 Print Name of Parent/Guardian/ Participant

_____/_____/_____
 Date

OFFICE USE ONLY		
Receipt # _____	Date _____/_____/_____	Cashier Initials _____