



Town of Harrison Department of Parks & Recreation
Swim Registration Form

P. O. Box 300 Front St. Harrison, ME 04040
Mon.-Fri. 8:00 am – 4:30 p.m. Phone 583-2241/Fax 583-6240
***Registration is secured once payment has been received**

Name of Program **ARC Swimming Lessons** '17 (Please Circle) **Session 1** **Session 2**

Please Circle Level (Parent/Child Program) I, II, III, IV, V, VI

Participant's Name _____ DOB _____ AGE _____ GRADE (Fall) _____ M/F _____

Parent/Guardian Name _____

Address _____

E-Mail _____ **Phone (H)** _____ **(W)** _____ **Cell#** _____

Does he/she have any physical or mental impairment that could interfere with his/her participation?
If yes, please specify _____

Emergency Contact Person _____ Phone _____

Insurance Company Name _____ Policy/Group _____

I (Parent/Guardian) _____ give my son/daughter permission to participate in the Harrison Recreation Department program and agree to all responsibilities in case of accident.

For myself and for the child, the undersigned agrees and understands that participation in recreation may result in injury to my child during his/her participation in the Harrison Recreation Dept. program. I hereby assume all risks in connection with my child's participation in such activities and hereby release, indemnify, forever the Harrison Recreation Dept., along with their representatives, agents, affiliates, officers, directors, servants, employees, successors, and assigns from all liability for any injuries, damages, claims or actions in law or inequity, and from all liability for any injuries, damages, claims or action in law or inequity, and from all claims by me, my child, my child's estate, my family, heirs, and assigns arising in any way, directly or indirectly, from my child's participation in the Harrison Recreation Dept. programs.

The undersigned authorizes the Harrison Recreation Dept., it's agents, or any independent contractors working on it's behalf to call for any medical care that they deem appropriate or necessary for the participant during the course of the program. I further authorize any medical personnel to administer any required emergency medical treatment in the event that a parent or guardian cannot be reached by telephone numbers provided on this form, the undersigned, further realized that any student caught with drugs or alcohol will be suspended from the program without refund at the discretion of the Harrison Recreation Dept. The Harrison Recreation Dept. reserves the right to refuse services to the child if the administration deems necessary for the safety of my child and other program participants, or staff.

PLEASE NOTE: Signing this waiver grants the Harrison Recreation Sept. permission to use your child's photo to promote our programs. Pictures taken may be used up to 10 years after the photo was taken and the Recreation department does not need permission from the individual to use the photograph in publications. If you do not wish to have your child's picture taken please notify the Director or Staff prior to the activity.

I have carefully read the following release language and completely understand its content. I sign this document for myself as an individual and as Parent or Guardian of this child **PRINT NAME:** _____

Parent/Guardian Signature _____ Child's Signature _____ Date _____