

SWIMMING LESSON REGISTRATION FORM

Clute Parks and Recreation Department

OFFICE USE ONLY	
Session	
Class / Level	
Time	

Student Name	Age	D.O.B.	Day Phone
Address	City		Eve. Phone
Session 1 2 3 4			
Class / Level =	Preferred Time =	Parent's Name =	

Swimming Applicant Information				
Have you had swim lessons before? yes no				
If yes, what type: Red Cross YMCA Boy Scout Private				
Can you swim? a little a few strokes like a fish not at all				
What current Red Cross Cards do you have?				

FOR ALL APPLICANTS: Please come to class at least (10) minutes early.

We also request that your parent or guardian sign a release form for first aid if you are under 18

Signature of Applicant (if 18 or older) _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

FIRST AID RELEASE		
CLUTE PARKS AND RECREATION	CITY OF CLUTE	
In case of accident or illness, City personnel may administer first aid if necessary. The personnel may use the following procedures:		
1. Contact Family as listed on this form		
2. If deemed necessary, City personnel will contact proper authorities and the Clute Police Department, who is responsible for contacting ambulance or emergency service. The City of Clute and/or employees will not be responsible for transportation or hospital bills incurred due to this action. City personnel may NOT transport injured persons to the hospital or doctor, so emergency transportation will be arranged for all injuries needing medical attention if the parent or guardian cannot be reached.		
I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND IT. I AGREE TO THE PROCEDURES OUTLINED ABOVE.		
Signature of Parent / Guardian	Date	Emergency Telephone
Name of Student	Preferred Doctor	Medicine Allergies
Does your child have any physical or mental problems we should be aware of? Yes No		
If so, what ?		