JOHN DAY/CANYON CITY PARKS AND RECREATION
Swim Lessons
Waiver release Form for Recreational Swim Lessons @ Gleason Pool.

In District $40.00 per person, Out of District $45.00 per session:
Paid___ Not paid ___

NAME of Youth In Swim Lesson Program:_____

Circle choices:
Sessions: 1 2 3 4 5

Classes: Level_____
Times: _____

Guardians Name : _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____

IN CASE OF AN EMERGENCY CONTACT :
_____ _____
(Name) (Phone)

ANY SPECIAL HEALTH PROBLEMS:
(Please specify)_____
_____

WAIVER and PARENT/LEGAL GUARDIAN AUTHORIZATION: I certify that my child is in good physical condition and can participate in the John Day/Canyon City Parks and Recreation Swim Lesson Program. I realize that there is potential for injury in any sport that includes water and agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches/directors of this program to secure proper treatment and/or hospitalize my child. Knowing that the JD/CC Parks and Rec. District does not carry any primary accident insurance on its participants, I will be responsible for any medical and/or other charges in connections with my child's participation in said program.
I hereby waive and release AND hold harmless the John Day/ Canyon City Parks and Recreation District, PO Box 762, John Day, OR 97845 and any and all staff personnel, volunteers or organization associated with this program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in said program.
I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.

Signature of Parent/Legal Guardian: _____ Date_____