

**Dix Memorial Pool**  
**Learn to Swim Program**  
**Swim Class Registration Form**  
*Please Fill Out Completely, Sign and Return to:*  
 Town Hall, 112 South Main Street  
 Gordonsville, Virginia 22942

Parent or Guardian Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Participant's Name	Age	Birthday	Gender	Class Selection			
				1 <sup>st</sup> Choice		2 <sup>nd</sup> Choice	
				Session	Level	Session	Level

**\*Refer to the 2017 Learn to Swim schedule for session dates and times. Classes are assigned on a first-come, first-served basis. Please indicate a second class choice in case first choice is filled. Class fees are \$63 per session per child (in-town) and \$68 per session per child (out-of-town). Make checks payable to the Town of Gordonsville.**

**Registration Deadlines: Session 1 & 2– June 9, 2017; Sessions 3 & 4 – June 23, 2017; Sessions 5 & 6 – July 7, 2017;**

**Liability Release**

*I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the Town of Gordonsville, its employees or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.*

*In consideration of my/the participant being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the Town of Gordonsville, its employees, agents, successors and instructors from any and all claims, demands, costs, charges, attorney fees, expenses, etc., for harm, injury, damage, death, or loss which may be sustained by me, my child/ward, and my guests as a result of or relating to or arising from participation in this activity.*

**Photo Permission by Parent, Legal Guardian or Legal Custodian:** *I give the Town of Gordonsville, its officials and employees, permission to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the aquatics program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the Town's website or within other materials publicizing the Town's aquatics program.*

*I have read, and I understand the above Liability Release and Photo Permission. In witness whereof, I have executed this Liability Release and Photo Permission as my own free act on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

\_\_\_\_\_  
 Participant Parent, Legal Guardian or Legal Custodian, if participant is under 18 years of age

**\*\*Payment is due at time of registration but will not be processed until desired session begins\*\***

<b>For Office Use Only:</b>			
Proof of Income: ____ NS/PS/FS	Amount Received: _____	Date Received: _____	Check Number: _____ Initial: _____

