

___M/W/F(if possible) ___T/Th(if possible) ___carpool ___sibling

TOWN OF SARANAC

Swimming Lessons

****This form is to be completed if you live in the Town of Saranac only****

Student Name: _____ Birthday _____

Parent: _____ Sex: _____

Address: _____ Phone: _____

Residence, not mailing

Town

Emergency Contact person: _____

Phone: _____

Medical condition, disability or allergy that swimming instructor should be made aware of? _____

NOTIFICATION OF RISK

Anyone involved in physical activity is risking injury, which can be serious and painful. Injuries occur in varying degrees and although the incidence of catastrophic injury is rare, it can and does occur. You therefore, assume the risk of injury as a parent when you sign and grant permission for your child to participate in town sponsored athletic, recreation, or instructional programs.

PARENTS CERTIFICATION OF NOTIFICATION OF RISK

I certify that I have read and understand the Notification of Risk as described above. Furthermore, I realize by my signature I willfully and knowingly assume this risk as a parent and grant my child permission to participate in the activity stated.

Parent/Guardian Signature

Date Signed

****This form must be completed and signed before any type of participation will be allowed.**
DEADLINE: June 1, 2007. For any additional questions please call Ken Carter @ 293-8254.