

# PROGRAM REGISTRATION FORM

West Geauga Recreation Council

Note: One form per child

Program: SWIMMING

Name: \_\_\_\_\_ (M)(F) Birthdate \_\_\_\_\_

School Attending \_\_\_\_\_ Grade(entering in the fall) \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Session I Level \_\_\_\_\_ Time \_\_\_\_\_

Session II Level \_\_\_\_\_ Time \_\_\_\_\_

Session III Level \_\_\_\_\_ Time \_\_\_\_\_

Session IV Level \_\_\_\_\_ Time \_\_\_\_\_

Session IV Level \_\_\_\_\_ Time \_\_\_\_\_

Session V Level \_\_\_\_\_ Time \_\_\_\_\_

Emergency Contact- Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

In the event of reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give my consent for (1) the administration of and treatment deemed necessary by a licensed physician or dentist and (2) transfer of the child to the nearest emergency room.

Physician Name & Phone \_\_\_\_\_

**Waiver & Permission:** *I certify that I am a parent(guardian) of the child named above. In that capacity, I give permission for the child to participate in the above program of the West Geauga Recreation Council (WGRC). I also save and hold harmless the WGRC and it's employees from and against all claims arising out of damage to property or injury to person associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our family or school insurance. The West Geauga Recreation Council reserves the right at it's sole opinion and discretion to suspend or terminate without refund the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of it's programs.*

***Photo Authorization:*** *I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Childs Name: \_\_\_\_\_ Program \_\_\_\_\_

Session(s) \_\_\_\_\_ Multi Child Family # 1 2 3 + (please circle)

Cost Per Session \_\_\_\_\_ Total Fees: \_\_\_\_\_ WGRC Member Disc \_\_\_\_\_

Total Owed \_\_\_\_\_ Amount Received \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Payment Type \_\_\_\_\_ Check No# \_\_\_\_\_

Outstanding Balance \_\_\_\_\_