



# Putnam Aquatics Center Swim Lessons Registration



**Please Circle BELOW: Session, Level, and Time:**

**(two week sessions, Monday through Thursday, each week)**

Session 1-----June 5 – 16  
Session 2 ----- June 19 – 30  
Session 3 ----- July 10 – 21  
Session 4 ----- July 24 – August 4

Level 1	Level 2	Level 3	Level 4	Parent & Child
10:00 – 10:50 am 11:00-11:50am	10:00 – 10:50 am	9:00 – 9:50 am	9:00 – 9:50 am	11:00 – 11:50 am

Participant’s Name: \_\_\_\_\_

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Registration Fee: \$40 per swimmer**

**Classes are limited to the first 15 participants registered**

I release and agree not to sue the Putnam County Parks and Recreation, Putnam County Board of County Commissioners and their employees, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by me or any participants, my family, estate, heirs or assigns for any injury or property damage arising out of the program. I am fully aware of the risk of injury involved in this program, including but not limited to aches, pains, possible cuts, scrapes and the potential for permanent paralysis or even death. I further agree that any legal proceedings related to this waiver will take place in Putnam County, Florida. I am the parent or legal guardian of this participant. I am of legal age and am freely signing this agreement. I agree that the terms of this release are binding on me and the participant. I also release and agree to have my child’s photo taken and published by the Putnam County Parks and Recreation, Putnam County Board of County Commissioners and their employees, sub-contractors, sponsors, agents, and affiliates.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**(STAFF USE ONLY)**

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Received By: \_\_\_\_\_ Entered By: \_\_\_\_\_