

City of Madison Parks Department 2011 Infant Swim Lesson Form

July 25-29, 2011

5:00 p.m. – 5:50 p.m.

**(Make checks payable to Madison Parks Dept.)
\$25.00 for one week session**

**(Parent involvement required)
(6-36 Months)**

Name: _____ Date of Birth: _____

Address: _____ Age: _____

City/State/Zip: _____ Telephone: _____

Parents' Names: _____

Swim Lessons will be Red Cross Certified by
Hannah Lohr/Water Safety Instructor

I understand that there is risk of injury in connection with participating and/or learning to play all Parks Department activities. I hereby accept and assume the risk of such injury on behalf of my child while attending Madison Parks Department functions. I hereby release the organizers, coaches, instructors, land owners and all other persons or entities from all liability for any injury my child may sustain while attending Madison Parks Department functions. I further certify that my child is in good health and can participate in the daily activities in connection with this activity.

Signature: _____ Date: _____