SWIMMING LESSON REGISTRATION FORM AND WAIVER

CHILD NAME	MALE	FEMALE	GRADE	
MAILING ADDRESS			AGE	
PARENT NAME	PHONE N	PHONE NUMBER		
EMAIL ADDRESS	SWIMMING LESSON LEVEL			
I expressly understand and agree that the Cirassistants or employees shall not be held resarising from personal injury or property dam signed as a result of actual or proposed part City of Craig, its officers, agents, volunteers, permission to the City of Craig to use my narother lawful purpose, and forfeit all compensations.	sponsible or made the subject of any on age or loss of any other sort to mysel cicipation in the above named program assistants or employees harmless on me and photographic likeness in all for	claim seeking to asse f of the person on w n and I hereby agree account of any such	ess damages or liability for or whose behalf this form is now to indemnify and hold the claim. I also hereby give	
SIGNATURE OF PARENT OR GUARDIA	AN		DATE	