

Swim Lessons 2021



Child's Name _____
Street Address _____ Date of Birth _____
City _____ State _____ Zip Code _____
Telephone Number _____ Membership # (if applicable) _____
Emergency Contact & Number _____
Allergies _____

Does Your Child Have Any Disabilities? If so please explain-----

By signing this form, I/we, the parent(s)/legal guardian(s) of the youth listed above do hereby permit him/her to participate in the swim lesson program of the BFRC. I/We hereby release and discharge the BFRC, the City of Belle Fourche, and each and all of their agencies and employees from any liability from injury or damage that may be sustained by the participant due to his/her participating in any activity sponsored by the BFRC, including activities in or property surrounding the BFRC. I/We, the parent(s)/legal guardian(s) of the child listed do hereby give and grant unto any medical doctor or hospital my consent and authorization to render aid, treatment or care to said participant as in the judgment of said doctor/hospital, in the event said participant should be injured or stricken ill while participating in any program or activity sponsored by the BFRC.

Signature _____ Date _____ Group _____
Session # _____ Swim Level _____ Time _____ Amount Paid _____ CSR initials _____

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