



Swim Lessons Registration 2021

MAKE CLASS CHECK PAYABLE TO: Belle Fourche Rec Center

Childs NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH _____ PHONE#: _____

CELL PHONE#: _____ EMAIL: _____

Does Your Child Have any Disabilities? If so Explain _____

Allergies _____

SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (UNDER 18): _____ Date: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME(S): _____

PHONE#: _____ SECONDARY PHONE#: _____

RELATIONSHIP: _____

Swim Level: _____

Session #: _____

Time: _____

Amount Paid: _____

CSR initials: _____

For more information, contact Kathryn @ 892-2467 or kathryn@bellefourche.org
PLEASE FILL OUT LIABILITY WAIVER ON THE BACK OF THIS FORM!



Agreement to Participate and Liability Waiver for the Belle Fourche Area Community Center (BFACC):

I/We understand that the healthiest individuals can participate in physical activity with minimal risk. I further accept the risk inherent in the physical and recreational activities in which the ordinary and prudent person is or should be aware. I understand that if I have one of the following conditions, I should consult a physician prior to participating in a physical exercise program: 45 years of age or older, overweight, or obese, physical limitations or handicap, cardiovascular disease, or disorder, subject to exercise induced risk factors, or other disorders or medical conditions. I further understand it is my responsibility to decide whether to consult a physician. I agree to be responsible to do all the following while using the BFACC: act within the limits of my ability, heed all warnings regarding participation in the BFACC activities, maintain control of my person and the equipment or devices, refrain from acting in any manner which may cause or contribute to injury to myself or others, abide by the letter and spirit of the rules and guidelines for participation at the BFACC. I have viewed the BFACC and its programs and I am familiar with the facility and I understand and appreciate that there are certain risks inherent in any physical and recreational activity conducted at the BFACC. Finally, I hereby waive all liability the BFACC has and waive all damages against the BFACC activities. Further, I do hereby release and discharge the BFACC and the City of Belle Fourche and all its agents or employees from any liability to the undersigned arising from injury or damage that may be sustained by participating in this program by my signature below.

Signature _____ Date _____

Photography Release: The BFRC periodically photographs during BFRC sponsored programs. These pictures may be used for advertising, Internet, (Website/Facebook) and around the facility. Occasionally pictures may be taken and submitted to the newspaper or other media as well. By signing the liability waiver, you are also giving the BFRC/ City of Belle Fourche permission to use these Photographs.

Signature _____ Date _____
