



City of Leesburg Parks & Recreation Department Swim Lessons 2016



Venetian Gardens: 787-8018 or H.O. Dabney: 787-6963

Website: www.eteamz.com/LRD

PARTICIPANT INFORMATION

_____	_____	_____	_____
First Name	Last Name	Gender	
_____	_____	_____	_____
School	E-Mail Address	Age	Birth date
_____	_____	_____	_____
Street Address	City	Zip Code	
_____	_____	_____	
Mailing Address	City	Zip Code	

PARENT / LEGAL GUARDIAN INFORMATION

Mother's Name _____ Home Phone _____ Bus Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Bus Phone _____ Cell Phone _____

Please Notify in case of an emergency _____ Telephone _____

Physical Defects and/or Allergies _____

Medicine(s) Participant is taking _____

PARENT OR GUARDIAN WAIVER & RELEASE OF LIABILITY

I (We), _____ (_____)
As natural parent(s)/legal guardian(s) having legal custody of the aforementioned participant do hereby grant my (our) permission to the LEESBURG RECREATION DEPARTMENT to accept my(our) child into this RECREATION DEPARTMENT program. I do hereby authorize any employee of the City of Leesburg RECREATION DEPARTMENT to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed by the State of Florida, when the need for treatment is immediate and when efforts to contact me(us) are unsuccessful. I(We) will accept financial liability for such treatment and care provided to my(our) child.

(Signature of parent / legal guardian)

(Signature of parent / legal guardian)

SERVICE FEE INFORMATION

Do you pay City of Leesburg **PROPERTY TAXES**? YES _____ NO _____

If the answer to the above question is NO, you will be responsible for a fifteen dollar (\$15.00) nonresident fee, plus the regular fee for this program. (City policy as established by the City Commission.)

FOR DEPARTMENT USE ONLY

CLASS: (AGES 3-5) Preschool A Preschool B Preschool C

(Ages 5-15) Level 1 Level 2 Level 3 Beginner Jr Titans Advanced Jr Titans

 Infant Swim Lessons Adult Beginner Swim Lessons Adult Intermediate

FACILITY: VGP **SESSION:** _____ **SESSION DATES:** _____ **CLASS TIME:** _____

METHOD OF PAYMENT: Cash Check # _____ **AMOUNT PAID:** _____ **DATE PAID:** _____

RECEIPT NUMBER: _____ **EMPLOYEE'S INITIALS:** _____