

# Greybull Community Pool 2024

## Swimming Lessons Registration Form



**Parent Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
 Emergency Contact (Besides you): \_\_\_\_\_ Phone#: \_\_\_\_\_

**Swimming Lessons- \*MUST BE 3 YEARS OLD AS OF JUNE 1ST**  
*Lessons per Session per child \$50* **REQUIRED ASSESSMENT DAY THE FRIDAY BEFORE SESSION**

**Session (Choose One):**     1<sup>st</sup> Session (June 17 – June 28)                       2<sup>nd</sup> Session (July 8<sup>th</sup> – July 19<sup>th</sup>)  
**Time Slot (Choose One):**     9:30 – 10:00     10:15 – 10:45     11:00 – 11:30     11:45 – 12:15

**\*Due to high demand, please only sign up for ONE session\***

**First Child's Name:** \_\_\_\_\_

Issues with separation anxiety from parent? Yes or No

Age: \_\_\_\_\_ Last Year's Level: \_\_\_\_\_

How would you rate their skill level?

- Still getting used to the water.
- Beginning Swimmer
- Intermediate Swimmer
- Skilled/Advanced Swimmer

**Second Child's Name:** \_\_\_\_\_

Issues with separation anxiety from parent? Yes or No

Age: \_\_\_\_\_ Last Year's Level: \_\_\_\_\_

How would you rate their skill level?

- Still getting used to the water.
- Beginning Swimmer
- Intermediate Swimmer
- Skilled/Advanced Swimmer

**Third Child's Name:** \_\_\_\_\_

Issues with separation anxiety from parent? Yes or No

Age: \_\_\_\_\_ Last Year's Level: \_\_\_\_\_

How would you rate their skills level?

- Still getting used to the water.
- Beginning Swimmer
- Intermediate Swimmer
- Skilled/Advanced Swimmer

**Fourth Child's Name:** \_\_\_\_\_

Issues with separation anxiety from parent? Yes or No

Age: \_\_\_\_\_ Last Year's Level: \_\_\_\_\_

How would you rate their skill level?

- Still getting used to the water.
- Beginning Swimmer
- Intermediate Swimmer
- Skilled/Advanced Swimmer

**PLEASE READ AND SIGN THE WAIVER, RELEASE AND INDEMNITY AGREEMENT BELOW**

By signing below, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement. IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of Wyoming that I am eighteen (18) years of age or older and am fully competent to sign this agreement. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, by signing below, I declare under the penalty of perjury under the laws of the State of Wyoming that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf: In exchange for participating in this activity I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributes, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the Town of Greybull (Town) and/or their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any Town employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the Town's behalf in connection with my participation in this activity.

I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE TOWN AND/OR ANY OF THE ABOVE PERSONS.

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the Town and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the Town and their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorney's fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the Town's Internet site.

MAKE CHECK(S) OR MONEY ORDER PAYABLE TO:

**Town of Greybull**

FOR OFFICE USE ONLY

CASH

CHECK#: \_\_\_\_\_

AMOUNTS: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

