



2019 Water Aerobics Registration Form

<http://cityofstorycity.org/parksandrec/>

June 11th-July 25th T/R 6-7pm

No Class July 2nd or 4th

\$50.00 12 classes Drop In \$5.00

RETURN REGISTRATION TO COMMUNITY RECREATION CENTER
Checks Payable to "City of Story City"

Program Name		Fee			Total Fee	
Participant's Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____		
Street Address		City, State		Zip Code	Home Phone	
Phone		Cell Phone		Cellular/Other Phone		
Emergency Contact		Relationship to participant		Work Phone		Cellular/Other Phone
E-Mail Address (Important to receive information on schedules & program updates)						
Participant's Physician Name		Physician's Phone Number		Choice of Hospital		

PLEASE READ CAREFULLY AND SIGN

The above mentioned have my permission to participate in the Story City Pool program. I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims to damages I may have against the City of Story City, their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my child at said recreation program. I release the right for the Story City Pool staff to seek medical attention for myself in the event of an emergency. I agree to follow all Story City Pool rules. I also understand that photographs may be taken and used for future program publicity.

Participant Signature: _____ **Date:** _____

*******THIS WAIVER MUST BE SIGNED TO PARTICIPATE IN THIS PROGRAM*******

