



Private Lesson Waitlist Form

Summer 2019

<http://cityofstorycity.org/pool-3/>

Check the appropriate class level for your child

Fee: \$80- Payment due at 1st lesson

Preschool Aquatics (3-5)

Learn To Swim 6- 13

Teen & Adult

<p>_____ Level 1</p> <p>_____ Level 2</p> <p>_____ Level 3</p>	<p>_____ Level 1 Into to Water Skills</p> <p>_____ Level 2 Fundamental Aquatic Skills</p> <p>_____ Level 3 Stroke Development</p> <p>_____ Level 4 Stroke Improvement</p> <p>_____ Level 5 Stroke Refinement</p> <p>_____ Level 6 Swimming Skill & Proficiency</p>	<p>_____ Learning the Basics</p> <p>_____ Improving Skills & Swimming Strokes</p> <p>_____ Swimming for Fitness</p>
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Please select days & times preference below. This form does not guarantee you a lesson. We do our best to accommodate everyone but lessons depend on staff availability and group lessons take priority. You will get a call from your instructor to set up your lesson.

Days & Times:

Days

- | | |
|----------------------------------|------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Fri |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Sat |
| <input type="checkbox"/> Wed | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Thur | |

Times

- 11a-1 pm
- 6-7 pm

Participant's Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____	Grade Completed
Street Address		City, State		Zip Code	Home Phone
Parent or Guardian		Relationship to participant	Work Phone	Cellular/Other Phone	
Parent or Guardian		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	
In addition to the parents/Legal Guardian, I authorize only the following person to be contacted in an emergency if the parent/legal guardian cannot be contacted.					
Name	Relationship to child/youth	Home Phone	Work Phone	Cellular/Other Phone	

**STORY CITY PARKS AND RECREATION YOUTH SPORTS
PARTICIPATION RELEASE OF LIABILITY**

The Story City Parks and Recreation Department recommends that all participants seek a medical opinion and release/consent by a licensed physician for physical fitness prior to participating in organized sports and recreational activities.

PLEASE READ CAREFULLY AND SIGN

I am the legal guardian of _____, who has my permission to participate in this Story City Parks and Recreation program. The undersigned guardian and ward understand that the proposed participation by said ward in recreational sports or activities may pose a risk of injuries and/or death. With that in mind, I hereby, for myself, the above-referenced ward, and our heirs, executors, administrators and assigns, waive any and all rights and claims to damages I may have against the City of Story City and their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my ward as a result of participating in said recreation program. I authorize Story City Parks and Recreation volunteers to seek medical attention for my ward in the event of an emergency. I also understand and agree that photographs may be taken and used for future program publicity.

The undersigned acknowledge that we have read the foregoing and we understand that same is intended to limit the liability of the City of Story City and the Central Iowa Rec League.

_____	_____
Legal Guardian of proposed participant	Date
_____	_____
Ward and proposed participant	Date

