

**Village of Greenwood Lake
Swim Instruction Registration Form**

REGISTRATION FORM

Student's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City, State & Zip: _____

Cell Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Does the participant have any medical condition the instructor should be aware of?
Examples: diabetes, asthma, seizures, etc.

Select one: **Yes** **No**

If yes, please explain: _____

Select a Session

Session 1: July 13 – July 24

Session 2: July 27 – August 7

Select a Group

Toddler: Ages 2–4

Beginner: Ages 5–7

Intermediate: Ages 8–12

There are no refunds for missed lessons, no-shows, or if a child is unwilling to participate once classes start.

In the event of inclement weather, classes will be canceled.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Please make checks payable to: **Village of Greenwood Lake**

OFFICE USE ONLY

Cash or Check #: _____

For additional information, please call **845-477-9215**

18 Church Street

Greenwood Lake, NY 10925

www.villageofgreenwoodlake.gov

VILLAGE OF GREENWOOD LAKE
SWIMMING PROGRAM
GENERAL RELEASE AND ACKNOWLEDGEMENTS

In consideration of permission granted to my child by the Village of Greenwood Lake to participate in the Swimming Program, I hereby release and discharge the Village of Greenwood Lake, its agents, employees, coaches, volunteers, and officers from all claims, demands, actions, judgments, and executions which the undersigned ever had, now has, or may have, or which the undersigned's heirs, executors, assigns, agents, employees, officers, successors, or assigns may have, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of participation in the described activity.

I further agree to indemnify and hold harmless the Village of Greenwood Lake and its agents, employees, volunteers, and officers from all claims, demands, actions, judgments, and executions caused by the undersigned or the undersigned's child arising out of participation in the described activity.

I hereby request permission for my child to participate in the Village of Greenwood Lake Swimming Program with full knowledge that this activity may result in damage or personal injury to my child.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Conditions/Allergies (if any): _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Printed Name: _____