

# GLYNN COUNTY RECREATION DEPARTMENT SWIM LESSONS REGISTRATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H: \_\_\_\_\_ W: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does your child have any special needs that the instructor needs to be aware of?

Glynn County Recreation Department Parent/Guardian Permission (Covenant Not To Sue)

I, as parent or guardian, hereby give my consent for \_\_\_\_\_, my (son) (daughter) to participate in the following activities: \_\_\_\_\_; and in consideration of Glynn County allowing my (son) (daughter) to participate in this activity, or any related activities, and for other good and valuable consideration, I release and forever discharge Glynn County, or any employee, or coach thereof, from any and all claims, demands, rights and causes of action of whatsoever kind and nature for any damages including bodily or personal injury sustained by my child and arising from his or her participation in such activity, sponsored by Glynn County, including transportation to and from the activity. I authorize any official, employee, agent or coach of Glynn County associated with the program to obtain, through a physician of its own choice, any emergency medical care that may seem to them to be necessary for my (son) (daughter). I agree to pay the cost of all medical and associated services rendered.

I HAVE READ AND FULLY UNDERSTAND THIS FORM.

\_\_\_\_\_  
PARENT OR GUARDIAN

Circle Session:        1        2        Summer Camp

Circle Level:

Shrimp: 1        2

Shark: 1        2        3        4

Time: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

1402 Sonny Miller Drive  
Brunswick, GA 3152  
(912) 279-3815