

# Holton Parks and Rec

## Group Swim Lessons 2019

### Session 1

★ Registration Deadline: Wed, June 5th  
**Mon, June 10 - Fri, June 14**

Tadpoles		11:00a
Level 1	10:00a	11:00a
Level 2	10:00a	11:00a
Level 3		11:00a
Level 4	10:00a	
Level 5		11:00a
Level 6	10:00a	
IPAP-Infant & Preschool		5:00p

### Session 2

★ Registration Deadline: Wed, June 19th  
**Mon, June 24 - Fri, June 28**

#### Morning Sessions

Tadpoles	10:00a	11:00a
Level 1	10:00a	11:00a
Level 2	10:00a	11:00a
Level 3	10:00a	11:00a
Level 4	10:00a	11:00a
Level 5	10:00a	
Level 6		11:00a

#### Evening Sessions

Level 1		5:00p
Level 2		5:00p
IPAP-Infant & Preschool		5:00p

Please circle your first choice in class times above.

Class sizes are limited. You will receive a confirmation call or email to ensure your child is enrolled the **Thursday** before your session begins.

### Participant Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Medical/Physical Limitations \_\_\_\_\_

### Swim Courses - \$25

30 minute sessions

Tadpoles: Water Exploration  
 In the baby pool (ages 3-4)

45 minute sessions

Level 1: Water Exploration  
 (4 years and older)

Level 2: Primary Skills

Level 3: Stroke Readiness

Level 4: Stroke Development

Level 5: Stroke Refinement

Level 6: Skills Proficiency

### Infant and Preschool

#### Aquatics Program (IPAP) \$20

30-minute sessions

Parents are required to participate.

Infant Level: 6-24 months

Preschool Level: 2-4 years

### Important Information

- Make checks payable to **Holton Parks and Rec**
- Return forms to City Hall.
- Call 785-364-5911 for more information.
- \$5 late fee applied to all forms after the deadline date.
- Complete separate form for each session of enrollment.
- Private lessons available. Sign up on a separate form.

# **CONSENT OF PARENT MEDICAL CARE AND TREATMENT FORM**

Participants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent or

Guardian \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (E) \_\_\_\_\_

Address \_\_\_\_\_

Name and Address of Family Doctor \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

If you or your doctor cannot be contacted in an emergency notify

## **MEDICAL INFORMATION**

Drug Allergies \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Other \_\_\_\_\_

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY - READ BEFORE SIGNING

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

In consideration of being allowed to participate in sports activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **The City of Holton** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees", on behalf of myself and my children, parents, heirs assigns, personal representative and estate, and also agree as follows: athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1 I acknowledge that participating in sports activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage.
- 2 My child's participation in this activity is purely voluntary and I elect for him/her to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that my child unable to participate due to physical or medical conditions, then I will immediately discontinue his/her participation.
- 3 I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity, or his/her use of the equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4 I represent that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself.
- 5 In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6 I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if my child is hurt or my property is damaged during participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim of negligence.**

**I have read and understood this document and agree to be bound by its terms.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
DATE

.....  
**Verification and Notarization**

STATE OF KANSAS, COUNTY OF JACKSON, I \_\_\_\_\_, (Parent or Guardian) of \_\_\_\_\_ understand that if a serious illness or injury develops, medical and/or hospital care will be given: however the Holton Ball Association and City of Holton are not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to a designated member of the Holton Ball Association or City of Holton Parks and Recreation Program, or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named on this Health Certificate and do solemnly swear or affirm that the information set forth in the Health Certificate is true and correct to the best of my knowledge and belief.

Parent/Guardian signature \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_