

Aquatics – Registration Form

Parent/Guardian Information

First Name _____ Last Name _____

Address _____ Apt ____ City _____ Zip _____

Phone #1 _____ Phone #2 _____

Emergency Name & Phone # _____

E-mail _____

Information must be completed by a parent or legal guardian for participants under 18. Please note that activity days, times and fees are subject to change.

Participant #1 Name _____ Date of Birth _____

Participant #2 Name _____ Date of Birth _____

Participant #3 Name _____ Date of Birth _____

Do any of the above participants require special accommodations?

Choice	Registration #	Activity Name (Swim Lessons)	Session #	Pool	Participant Name	Fee
1 st						
2 nd						
3 rd						
1 st						
2 nd						
3 rd						
1 st						
2 nd						
3 rd						
Total						

I, _____, acting on behalf of myself and my minor child/children do expressly and forever waive and release Clark County, Nevada, Clark County Parks & Recreation and their representative agents from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in County sponsored swimming programs.

Signature _____ Date _____

Total amount enclosed: _____ Check #'s _____

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

The department welcomes the participation of individuals of all abilities in programs offered and fully complies with the Americans with Disabilities Act (ADA).

Please familiarize yourself with the refund policy prior to registration.