**Lexington Park District**

 **Aqua Tots *– Registration From***

 The Aqua Tots class is offered to allow time for parents and their child in the water together. The program will begin Monday, June 24th and will continue through July on Monday’s and Wednesday’s from (6-6:30pm). Cost of the program is $35. A guard will be in the water to lead the entire group, but parents are expected to accompany their child to aid in the swimming lesson.

**Swimmer Information:**

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

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

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

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cash**

**Check #\_\_\_\_\_\_**

**Consent of Participant:**

I do hereby verify the information in this registration form and consent to my participation in this activity. I understand that neither the Lexington Park District nor any of it’s commissioners, officers, program directors, sponsors nor employees assume responsibility for any injury or damage to a person or property resulting from an incident occurring during conduct of the Lexington Park District program including games, meets, practices, clinics and other related activities and events. In case of emergency, I hereby consent to medical treatment for myself and authorize any member of the Lexington Park District to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

Signature *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_