**Lexington Park District**

**Water Ballet *– Registration From***

Water ballet will be offered twice a week. (Dates of practices will be discussed on the first day of meeting). A recital will be held for all participants and spectators at the end of the ballet season. This date will be announced later on. The cost for water ballet will be $30.

**Swimmer Information:**

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

 ***Swimmers must be able to tread water.***

**Parent Information:**

 Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Emergency Contact Information:**

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

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

***Water Ballet costs: $30 for the entire program***

**Cash**

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

***Consent of Parent or Guardian***

 *I/We, the parent or legal guardian, do hereby verify the information in this registration form and consent to the participation of my/our child in these activities. I/We 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 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/We hereby consent to medical treatment for my/our child and authorize any member of Lexington Park District to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.*

Parent/Guardian Signature *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_