

Completed by staff only:

Summer Session 1 2 3 4

Time 10-11 11-12 12-1

Winter Session 1 or 2

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

*Payment*

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

## Official Consent Form Ludington Recreation Swim Lessons

*(Completed by staff only)*

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ age: \_\_\_\_\_ *Last level completed* \_\_\_\_\_  
School \_\_\_\_\_ grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ age: \_\_\_\_\_ *Last level completed* \_\_\_\_\_  
School \_\_\_\_\_ grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ age: \_\_\_\_\_ *Last level completed* \_\_\_\_\_  
School \_\_\_\_\_ grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ age: \_\_\_\_\_ *Last level completed* \_\_\_\_\_  
School \_\_\_\_\_ grade \_\_\_\_\_

Parent name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ **HOME PHONE #:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medical Problems, allergies, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIABILITY WAIVER:** In consideration for your acceptance of this consent, I, intending to be legally bound hereby, my heirs, executors, and administrators waive and release the Ludington Recreation, City of Ludington, Ludington Community Pool, and their agents, representatives, committees, and members, from any and all claims or rights to damage for injuries or losses suffered by myself, and/or members of my family, directly or indirectly while participating in the Ludington Swimming Lessons Program.

**Disrespect** shown towards Swim Representatives will not be tolerated. Disrespect, or any rowdy behavior, will be grounds for expulsion from the Swimming Lessons Program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_