



Saturday Morning Learn to Swim Activity Registration



Guardian Last Name		Guardian First Name	
Address () ()		City () ()	
Home Phone		Zip () ()	
Cell Phone	Work Phone	Emergency Phone	
Visa MC	Email:		
Cash Check	Check # :	Received by:	

Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Participant Release Total Fees: _____

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from these activities.

Signature Date

Saturday Mornings Registration Dates August 8- Wednesday Before first class

√	Description	Dates	Times	Days	Activity #	FEE
	Level 1	Sept 16-Oct 7	9:00-9:40am	Sat	154-5A	\$28.00
	Level 2	Sept 16-Oct 7	9:50-10:30am	Sat	154-5B	\$28.00
	Level 3	Sept 16-Oct 7	10:40-11:20am	Sat	154-5C	\$28.00
	Level 1	Oct 21-Nov 11	9:00-9:40am	Sat	154-6A	\$28.00
	Level 2	Oct 21-Nov 11	9:50-10:30am	Sat	154-6B	\$28.00
	Level 3	Oct 21-Nov 11	10:40-11:20am	Sat	154-6C	\$28.00
	Level 1	Dec 2-Dec 16*	9:00-9:40am	Sat	154-7A	\$21.00
	Level 2	Dec 2-Dec 16*	9:50-10:30am	Sat	154-7B	\$21.00
	Level 3	Dec 2-Dec 16*	10:40-11:20am	Sat	154-7C	\$21.00

*This class is only 3 weeks