



Saturday Mornings Learn to Swim Activity Registration



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

Registration Dates Dec 5- Thursday Before first class

√	Description	Dates	Times	Days	Activity #	FEE
	Level 1	Jan 27-Feb 17	9:00-9:40am	Sat	154- 1A	\$28.00
	Level 2	Jan 27-Feb 17	9:50-10:30am	Sat	154- 1B	\$28.00
	Level 3	Jan 27-Feb 17	10:40-11:20am	Sat	154- 1C	\$28.00

	Parent & Child	Mar 10-Mar 31	9:00-9:40am	Sat	154- 1D	\$28.00
	Level 1	Mar 10-Mar 31	9:50-10:30am	Sat	154- 1E	\$28.00
	Level 2	Mar 10-Mar 31	10:40-11:20am	Sat	154- 1F	\$28.00

	Level 1	April 7-May 5	9:00-9:40am	Sat	154- 1G	\$28.00
	Level 2	April 7-May 5	9:50-10:30am	Sat	154- 1H	\$28.00
	Level 3	April 7-May 5	10:40-11:20am	Sat	154- 1i	\$28.00