**2018- 2019 Adult Lap Swim Program**

Ages: Adults 19 & older (coed),

Offered: Oct. 15, 2018 through May 1, 2019

Location: Eden Senior High School Pool

Pool Times: Monday & Wednesday 7:30 – 9pm

Registration: Any Monday or Wednesday Evening of Program

**NEW Fee:**  $45 for entire program or $7 per walk-in

Please Note: School activities and/or weather conditions may alter schedule. If you have any questions please call the Eden Town Hall @ 992- 3408.

Program every Monday & Wednesday evening with the following exceptions:

**No Program: November 12, 21 ⦁ December 24, 26, 31 ⦁ January 21 ⦁ February 18, 20 ⦁ April 22, 24**

Please type or print in black ink.

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

First MI Last

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NY \_\_\_\_\_\_\_\_\_\_

**Notification in Case of Emergency: Parent / Guardian (For Participating Minors) *or* Relative (For Participating Adults)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s)­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Note:*** I understand there is a risk of my son / daughter / myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death. I acknowledge that The Town of Eden, The Town of Eden Recreation Department and Eden Central Schools DO NOT have and DO NOT provide Accident - Health Insurance policies / coverage for sponsored Programs Participants, Coaches, Managers, Spectators nor Volunteers. It is strongly recommended that any participants be covered by their own Accident - Health Insurance policy. I further understand that Participants, Coaches, Managers, Spectators and Volunteers are in fact - ***Participating at Their Own Risk***.

□ Participant Has Own Accident - Health Insurance Policy / Coverage

***I Have Read, and Hereby Acknowledge the Above Statement.***

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Participant or *Parent / Guardian* *If Minor* (Print) Participant or *Parent / Guardian* (Signature) Date

Office Use:

Paid:  Cash  Check > Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt or Check # \_\_\_\_\_\_\_\_\_ Date/Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team/Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_