**2018-2019 Friday Night Family Swim**

Ages: All Ages (children in grades 4 and below must be supervised by an adult)

Offered: Sept. 21st, October 19th, Nov. 9th, Dec. 14th, Jan. 18th, Feb. 15th and Mar. 15th

Location: Eden Senior High School Pool

Pool Times: 6:30 – 8:30PM

Registration: Any Friday of Session

Fee: $5 per person per session or $15 per family per session

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

Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_

First MI Last

Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_

First MI Last

Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_

First MI Last

Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_

First MI Last

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

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

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

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

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***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:

# of Swimmers

Sept. 21st\_\_\_\_\_ Oct. 19th \_\_\_\_\_ Nov. 9th\_\_\_\_\_ Dec. 14th \_\_\_\_\_ Jan. 18th\_\_\_\_\_ Feb. 15th \_\_\_\_\_ Mar. 15th \_\_\_\_\_

Amount Paid:

Sept. 21st\_\_\_\_\_ Oct. 19th \_\_\_\_\_ Nov. 9th\_\_\_\_\_ Dec. 14th \_\_\_\_\_ Jan. 18th\_\_\_\_\_ Feb. 15th \_\_\_\_\_ Mar. 15th \_\_\_\_\_