



# Town of Wake Forest

301 SOUTH BROKS STREET WAKE FOREST, N.C. 27587

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WEATHER LINE: 919-435-9569

[www.wakeforestnc.gov](http://www.wakeforestnc.gov)

## Swim Lesson Registration Form

Name of Participant: \_\_\_\_\_

Age\*: \_\_\_\_\_

\* at start of class

Address: \_\_\_\_\_

City/ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (to call for class cancellation information)

Father: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Day Phone: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for \_\_\_\_\_ (child) to participate in WFPRD swim lesson program during the specified session. By signing this document, I hereby absolve the Town of Wake Forest, the Wake Forest Parks & Recreation Department, and any individuals, groups, or organizations officially connected in any manner with the above-stated program of all liabilities concerning personal injury, property damage, or equipment loss. Such absolution is to be binding when above-named individuals and/or their agents are acting within the scope of the activity.

I understand that insurance coverage for the participant is the responsibility of the participant's family. I further certify that I have read and agree to the terms stated above, and that the information that I provided is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

PARTICIPANT FEE: Wake Forest Resident (inside Town limits) - \$35

Non-Resident (outside Town limits) - \$70

Date Received: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Received by (staff): \_\_\_\_\_

CLASS: \_\_\_\_\_ TIME: \_\_\_\_\_ SESSION: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

PARTICIPANT # (x of 8): \_\_\_\_\_

2011

### Mission Statement

The Wake Forest Parks and Recreation Department seeks to enhance the lives of the citizens of Wake Forest by offering a comprehensive system of parks, greenways, facilities, and open spaces coupled with cultural and athletic programs that promote education, health and wellness.