

**ADAPTIVE SWIMMING CLASS REGISTRATION FORM**

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Impairment or Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the person use a wheelchair or other aid? (please list) \_\_\_\_\_

Can person be placed in a group? (please circle) Y N

Please explain person's swimming ability and/or experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address

City/State/Zip

Email Address

WAIVER FORM: I, Parent or guardian of the entrant(s) listed above, waive and release any and all rights and claims for damages against the City of Decorah, Decorah Parks and Recreation and its employees, Decorah Community Schools, other sponsors and volunteers, for any and all injuries that may be suffered by the entrant(s) listed above in connection with the above registered activity(ies). I grant the Decorah Parks and Recreation Department permission to use pictures or videos taken of my child during participation in programs. I waive my right to inspection and compensation.

Parent/Guardian's Signature: \_\_\_\_\_