

**Registration must be postmarked June 1 or later
Please enclose a self-addressed stamped envelope and your check**

ALBANY POOL REGISTRATION FORM

SWIMMER'S NAME _____

Parent's Name(Parent & Tot only) _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

AGE (Children's classes only) _____ EMAIL _____

**TIMES FOR CHILDREN'S CLASSES ARE BASED ON SWIMMING LEVEL. PLEASE CHECK
SCHEDULE FOR APPROPRIATE TIME**

FIRST CHOICE

LEVEL _____ FEE _____

SESSION _____ DATES _____

DAYS _____ TIMES _____

SECOND CHOICE

LEVEL _____ FEE _____

SESSION _____ DATES _____

DAYS _____ TIMES _____

Is there anything that you would like us to know about your child? Does your child have any medical conditions that pool staff should know about?

Please read carefully and sign below. A form must be completed for each child.

I have volunteered to participate in this program for my child and accept the responsibility. I understand that the possibility of injuries, disorders, or death from swimming does exist. I acknowledge and accept those risks. I also release and discharge on behalf of myself, my heirs, assigns and successor in interest, all officers, director, agents, and employees, and other representatives of AUSD and its insurers, from any and all claim, damages, demands, and liabilities arising out of or in any way related to participation the Albany Unified School District activities and the use of any of its procedures, or other results attained therefrom.

SIGNATURE _____ PRINT NAME _____

DATE _____