

COMMUNITY AQUATIC & SKATE PARK

2001 Stadium Drive, Rockport TX 78382 **Phone:** 727-9989 **Email:** pool2@cityofrockport.com

Swim Fit Registration Form

Pretested by: _____

Name _____
Last (Please Print) *First*

Parent or Guardian _____

Address _____ City/State _____ Zip _____

Primary Phone # _____ Age _____

Email _____

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- I hereby assume all risks and hazard incident to my participation in all Community Pool activities and use of facilities including transportation to and from said activities.
 - I further waiver, release, absolve, indemnify and agree to hold harmless the organizer, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims arising out of any injury sustained during my use of the facilities or participation in an activity whether located on this property or not.
 - I understand there are no refunds and no make-up classes.

Participant (Legal guardian if (Minor))

_____/_____/_____
Date

Participant Full Name (Please Print)

Office Use Only

Amount Paid: _____

Cash:

Check #: _____

Credit Card Digits:

Name of Cardholder _____

MARCH	\$40
APRIL	\$40
SEPTEMBER	\$40
OCTOBER	\$40