



RECREATION AND PARKS

Greenville Recreation & Parks Department Youth Registration Form

PROGRAM NAME: SUMMER SWIM TEAM

ATTENTION...ALL INFORMATION ON THIS FORM MUST BE COMPLETED & CLEARLY PRINTED

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	GREENVILLE CITY RESIDENT? ___ YES ___ NO
PHONE NUMBER:		Preferred Practice Time (Circle One): 9-10am at Community Pool / 5-6pm at GAFC	
DATE OF BIRTH: / /	AGE (as of June 1):	SEX (please circle): MALE FEMALE	
EMAIL:			T-SHIRT SIZE:

MEDICAL INFORMATION (allergies, special medications, instructions, etc.)

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Please check this box if you wish to be contacted regarding ADA accommodations to participate in this program.

IN CASE OF AN EMERGENCY, CONTACT/CALL:

NAME:	
PHONE:	

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in Summer Swim Team sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risk and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connect with my child's participation. I intend this release to be binding not only for myself, but also for my family and all legal successors in interest. For the safe enjoyment of this program by all participants, the GRPD have established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program. In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff or volunteers to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

PARENT/GUARDIAN SIGNATURE

DATE