

# Edgerton Pool Swimming Lesson Registration

Make checks payable to City of Edgerton

Mail to: Edgerton Pool 12 Albion Street Edgerton, WI 53534

Parent's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Child's Name	Age	Birth date	Session #	Class Time	Level of lesson

In exchange for the privileges of using these facilities, I agree that I will be liable to and hold harmless the City of Edgerton and its officers and officials, agents and employees against all loss or expense including attorney fees by reason of any claim and suits, or because of bodily injuries including death at any time resulting wherefrom, sustained by any person or persons or an account or damage to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my act or omission in attending and using these facilities, whether cause by or contributed to by the City of Edgerton or its agents or employees. I grant permission for my photo to be used in any promotional material produced by the City of Edgerton.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Check # _____ or Cash _____ Total Collected _____ Date _____ Initials _____
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