

CITY OF IOLA RECREATION DEPARTMENT

2019 SWIM LESSON REGISTRATION FORM

On Thursday, June 6th, register in person at the Municipal Courtroom located inside City Hall, 2 W. Jackson St., between the hours of 8:00 am-3:00 pm. After June 6th, please register at the City Utilities Office, 2 W. Jackson St. during regular business hours.

Limited space is available, no registrations will be taken by mail, phone, e-mail or fax.

Students may only register for two weeks of lessons; only one week of private lessons.

Parents must remain outside the fenced in area during lesson times.

*All lessons and times are limited to the number of instructors available and will be filled on a first come first serve basis.

Please make checks payable to the City of Iola.

*Lessons will be held unless it is lightning outside at the time of lessons.

Student's Name _____ Birthdate ____/____/____

Address _____
Street City Zip Code

Age by 6/15/19 _____ Gender: M / F Phone (____) _____

Parent/Guardian Name _____ Emergency Phone (____) _____

Please list any medical conditions: _____ Allergies: _____

*Public Lessons, \$15.00 per swimmer, (5 days of lessons at 30 minutes each lesson,)

____ June 17-21 ; ____ June 24-28 ; ____ July 8-12 ; ____ July 15-19

4-12 year olds (divided by skill level): 11:20-11:50 am ____

*Private Lessons, \$30.00 per swimmer, (5 days of lessons at 30 minutes each lesson,)

____ June 17-21 ; ____ June 24-28 ; ____ July 8-12 ; ____ July 15-19

____ 9:10-9:40 am ; ____ 9:55-10:25 am ; ____ 10:35-11:05 am

CANCELLATION POLICY: In the event of a cancellation due to weather conditions, Iola Recreation will post the cancellation on the City of Iola - Recreation Facebook page and call the KIKS 101.5 Iola Radio Station to air an announcement. REFUND POLICY: As deemed necessary the City of Iola Recreation Department may refund fees and cancel any program with insufficient enrollment response. Otherwise, no refunds will be provided! WAIVER: I hereby agree to accept all of the risks of injury or accident of the participant named in the above program. I agree to release the City of Iola, their employees, agents, representatives, instructors, coaches, officials and all volunteers associated with this program from any liability resulting from any circumstances that may arise in connection with the program. All program participants under the age of 18 years old must have a Parent or Guardian Signature! PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY: I hereby give my consent to the City of Iola Recreation Department to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the city and its services. I understand that the photograph(s) may be used on the city's Website, TV Channel 6 or in official city publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the city may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the City of Iola, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

Parent/Guardian Signature _____ Date _____

For More Information on Swimming Lessons Contact: Recreation Office at (620) 365-4990.

Official Use Only: Payment: Check # _____ or Cash Amt: \$ _____ Initials: _____