Randolph Community Swimming Lessons Registration Form									
Little Fish (18mo-3YRS) - \$5 per class, max 6 classes Big Fish (3-5 YRS) - \$5 per class, max 6 classes									
Dolphin Tails (Ages 4-6YRS)- \$50 Learn to Swim 1-6 (must be 5 and able to touch the bottom of the pool)- \$60									
Registrant First, La					Age:DOB:/				
Last Class Passed:		Class Desired:			2024-25 School Grade:				
Mailing Address:	City, State, Zip:								
Do we have your p	s of your child du	during lessons?				Ν			
Do we have your permission to post photos and videos to our facebook page?								Y	Ν
Can we share your child's photo with the local newspaper? Y N									
Registrant First, La	st Name:				Age:		DOB:	_/_	/
Last Class Passed:		Class Desired:				2024-25 School Grade:			
Mailing Address:	City, State, Zip:								
Do we have your permission to take photos and videos of your child during lessons?								Y	Ν
Do we have your permission to post photos and videos to our facebook page?								Y	Ν
Can we share your child's photo with the local newspaper?								Y	Ν
Registrant First, La	st Name:				Age:		DOB:	_/_	/
Last Class Passed:		Class Desired:				2024-25 School Grade:			
Mailing Address:	City, State, Zip:								
Do we have your permission to take photos and videos of your child during lessons?								Y	Ν
Do we have your permission to post photos and videos to our facebook page?							Y	N	
Can we share your child's photo with the local newspaper?								Y	N
Registrant First, La	st Name:				Age:		DOB:	_/_	/
Last Class Passed:		Class Desired: 2024-25 School Gr						ade:	
Mailing Address:	City, State, Zip:								
Do we have your permission to take photos and videos of your child during lessons? Y N									Ν
Do we have your permission to post photos and videos to our facebook page?								Y	Ν
Can we share your child's photo with the local newspaper?								Y	Ν
Primary Contact Name/Number:									
Emergency Contact Name/Number:									
Parent/Primary Print: Date:									
Parent/Primary Signature:									
Parent/Primary Contact Email:									
OFFICE USE ONLY	OFFICE USE ONLY Amount Due \$ Amount Paid \$ Cash Check #								

LIABILITY STATEMENT: By signing this form, I agree that Instructors, lifeguards, and all City Employees shall not be liable for the injury or death of any participants or applicant in the Randolph Community Swimming Lessons, or in any program description accompanying this application.