

**American Red Cross Swim Lessons
and Non-Competitive Swim Team**

Child's Name _____

Age _____ D.O.B. _____

Session(s) _____ Time(s) _____

(Please Mark one below)

Four-Year-Olds Through Teens: Skill Level _____

Infant and Preschool (IPAP) **CHILD**

Non-Competitive **PRODIGY**

Swim Team: (Circle one): Mon / Wed / Both

Please complete one registration form per child and return with appropriate payment and signed waiver to the Longview Recreation Center, 500 SW Longview Road, Lee's Summit, MO 64081, attn: Swim Lessons. If you are registering more than one child, please staple registrations together. Make checks out to: Longview Recreation Center. Thank you.

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Check #: _____

Credit Card #: _____

(circle one) MC Discover VISA Exp. Date: _____

Amt. Pd. _____

LIABILITY WAIVER

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I AGREE THAT IN ATTENDING AND USING THE FACILITIES AND EQUIPMENT OF THE LONGVIEW RECREATION CENTER, A FACILITY OF THE JUNIOR COLLEGE DISTRICT OF METROPOLITAN KANSAS CITY, MISSOURI (HEREINAFTER THE "COLLEGE"), I DO SO AT MY OWN RISK. THE COLLEGE SHALL NOT BE LIABLE FOR ANY DAMAGE ARISING FROM PERSONAL INJURY SUSTAINED IN, ON, OR ABOUT THE PREMISES OF SAID RECREATION CENTER. I ASSUME FULL RESPONSIBILITY FOR ANY INJURES OR DAMAGES WHICH MAY OCCUR IN, ON, OR ABOUT THE PREMISES OF SAID RECREATION CENTER, AND I FULLY AND FOREVER RELEASE AND DISCHARGE THE COLLEGE, ITS BOARD, OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED OR UNANTICIPATED, AND WHETHER THE SAME BE CAUSED BY NEGLIGENCE OF THE COLLEGE, ITS BOARD, OFFICERS, EMPLOYEES, OR AGENTS, OR BE OTHERWISE CAUSED (BUT NOT INCLUDING INTENTIONAL TORTS OR GROSS NEGLIGENCE), RESULTING FROM OR ARISING OUT OF THE USE OR INTENDED USE OF SAID RECREATION CENTER OF THE FACILITIES AND EQUIPMENT THEREOF.

Participant name(Print) _____ Date _____

Parent/Guardian(Signature) _____ Date _____

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Parent/Guardian(Signature) _____ Date _____

Child Prodigy Enrollment