

LIVONIA CENTRAL SCHOOL DISTRICT POOL
Recreation Swim ~ Mondays and Fridays ~ 7:00 - 8:00 PM
Participation Form for September 2017 - September 2018

Family Name: _____

Street Address: _____

 (Village/Town) (State) (Zip code)

Home Phone: _____ Cell Phone: _____

Family Members Swimming: Please list adults and children who will be swimming. **Children under the age of 10 must be accompanied by an adult.**

| First Name | Last Name | Adult/Child | Date of Birth | Age |
|------------|-----------|-------------|---------------|-----|
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Emergency Contact Information: If we are unable to reach you at the above numbers please provide us with a contact to be reached in case of illness, injury or other situation.

Contact Name: _____

Relationship to Participant: _____

Address: _____

 (Village/Town) (State) (Zip code)

Home Phone: _____ Cell Phone: _____

Town of Livonia Insurance Liability Waiver

I know that participation in recreation activities may result in injury or death, and protective equipment as well as other safety precautions does not prevent all injuries to participants, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local recreation director, local municipality, supervisors, volunteers, participants and persons transporting me to and from activities for any claim arising out of any injury or death to/of myself/my child whether the result of negligence or for any other cause, except to the extent permitted by law and in the amount covered by accident or liability insurance.

 Signature of parent/adult

 Date