

REGISTRATION WAIVER

Please bring this form to register your child, or mail form to:

**Potsdam Recreation
Village of Potsdam
Box 5168
Potsdam, NY 13676**

Child's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact Name: _____
Relationship to Child: _____
Phone: _____

Please list any medical problems Recreation should be aware of:

Additionally, please list any additional concerns or issues your child may have around other children. We strive to promote a collaborative and friendly atmosphere and just want to make sure that every child feels comfortable to be who they are!

I, _____, a parent of _____, hereby give my approval for his/her participation in any and all playground/aquatic activities during the Summer of 2018 I assume all risks and hazards incidental to such participation including transportation to and from all activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local commission, school, supervisors, participants, and persons transporting my child to or from activities for any claim arising out of any injury to my child.

PLEASE NOTE: Unless a parent indicated otherwise, photographs of children participating in the program may be used for press or other publicity illustrating their participation in the various games and activities of summer recreation.

Signed: _____ Date: _____

If participating in the Learn-to-Swim Program, please indicate the highest level completed by your child:

Preschool 1 <input type="checkbox"/>	Level 1 <input type="checkbox"/>
Preschool 2 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
Preschool 3 <input type="checkbox"/>	Level 3 <input type="checkbox"/>
Preschool 4 <input type="checkbox"/>	Level 4 <input type="checkbox"/>
	Level 5 <input type="checkbox"/>
	Level 6 <input type="checkbox"/>

REGISTRATION WAIVER

Please bring this form to register your child, or mail form to:

**Potsdam Recreation
Village of Potsdam
Box 5168
Potsdam, NY 13676**

Child's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact Name: _____
Relationship to Child: _____
Phone: _____

Please list any medical problems Recreation should be aware of:

Additionally, please list any additional concerns or issues your child may have around other children. We strive to promote a collaborative and friendly atmosphere and just want to make sure that every child feels comfortable to be who they are!

I, _____, a parent of _____, hereby give my approval for his/her participation in any and all playground/aquatic activities during the Summer of 2018 I assume all risks and hazards incidental to such participation including transportation to and from all activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local commission, school, supervisors, participants, and persons transporting my child to or from activities for any claim arising out of any injury to my child.

PLEASE NOTE: Unless a parent indicated otherwise, photographs of children participating in the program may be used for press or other publicity illustrating their participation in the various games and activities of summer recreation.

Signed: _____ Date: _____

If participating in the Learn-to-Swim Program, please indicate the highest level completed by your child:

Preschool 1 <input type="checkbox"/>	Level 1 <input type="checkbox"/>
Preschool 2 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
Preschool 3 <input type="checkbox"/>	Level 3 <input type="checkbox"/>
Preschool 4 <input type="checkbox"/>	Level 4 <input type="checkbox"/>
	Level 5 <input type="checkbox"/>
	Level 6 <input type="checkbox"/>