

La Feria Aquatic Center



2018 Registration Form - \$40 per child

June 4 – 13

6:30 p.m. – 7:00 p.m.

Student Name: _____ Date of Birth: _____

Age: _____ Returning Student (2016): Yes _____ No _____

Mailing Address: _____ City: _____ State: _____

Parent Name: _____ Phone #(s): _____

Email: _____

I, the undersigned, hereby agree to abide by all rules and policies as established by the La Feria Aquatic Center and the City of La Feria. I certify that my child is physically fit to participate in the PARENT & CHILD AQUATICS. I assume all risks associated with the program and so hereby waive, release and agree not to hold the City of La Feria, the La Feria Aquatic Center and any other sponsors or individual responsible for any injury resulting in the participation in the PARENT & CHILD AQUATICS.

Should my child become ill or injured as a result of the program, I authorize my child's representative to obtain emergency medical treatment.

Photos will be taken for promotional use and any other legitimate purposes. Unless otherwise stated, permission is granted to use your photo.

Parent/Guardian Signature: _____ Date: _____

THANK YOU FOR YOUR PARTICIPATION IN OUR PARENT & CHILD AQUATICS!

FOR OFFICE USE ONLY	
Check Cash Money Order Credit/Debit Card	Check or Money Order #
LIFEGUARD	
PLACE NUMBER	