Parks & Recreatie 107 W. Sears Ave. Owensville, MO 63 573.437.8231 www.cityofowensville.	5066	\sim	M i S Morre, We've be	svill s o u r	Shop Port
Cost: \$40/child/session Descriptions: Water Babies (Wat Beginner (Beg) – Ir	ntroduction to water skills (3 y Fundamental aquatic skills (sipants. day; Friday reserved for weat <u>prior</u> to session start, if not a	rent/guardia /ears & up) 5 years & u her make-u lready full. r deadline. <u>e 24 – 27</u> Beg & li Beg & li	 All lessons (705 Parki Must be m Parent/gua All particip wear a sw accident a will be chas Payment i 	s held outdoors at er Drive). ninimum age listed ardian is to stay on pants who are not p im diaper. In the e	site during lesson. botty-trained MUST vent a child has an swim diaper, parent ng fee. e of registration.
MAIL THIS FORM WITH PAYMENT					
Fee: \$40/child/session (separate form for Session: I III III		d of Payment:	Check # Intermediate	Cash	Credit/Debit
Session: I II III Time: 9:15-9:45am 10-10:30a		Beginner 5-6:45pm		□7:45-8:15pm	
Participant's Name		•	•		Gender: 🗍 M 🗍 F
Primary Guardian Name					
Email Address (ONLY used for program pu					
Home Address					
Describe any special accommodations t	-				-
Participant Release Statement: I herek death from whatever causes arising, wh and employees from any liability therefo agents and employees from any such lia negligence. The consideration for my ag over 18 years of age. For participants un myself, my heirs and my personal represe agents and employees, from any action	by, for myself, my heirs, and my per ile I am participating in the above re, directly or indirectly, and will de bility, whether or not arising out of reements herein is my being allow order the age of 18: I hereby, being sentatives, hereby agree to defence brought by or on behalf of the abo	ersonal repres listed activitie sfend, indemni f negligent or ved to engage a parent or le d, indemnify, a ve-named chi	entatives hereby s and release the ify and save harm willful actions or th in the activity ide egal guardian of th and save harmles ild arising out of th	assume all risk of p City of Owensville less the City of Ow ne failure to act, ind ntified above. Furth the above listed indi s the City of Owen the activity identified	personal injury or , its officers, agents vensville, its officers cluding the City's own her, I certify that I am <i>ividual, a child, for</i> <i>sville, its officers,</i> <i>d above. The</i>

consideration for my agreements herein is the City of Owensville said child to engage in such activity. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Owensville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Owensville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

For OPRD use only
Registration Taken By ______ Date _____ Fee Paid _____ Entered By _____ Date _____