



Town of Eleanor

P.O. Box 185
Eleanor, West Virginia 25070
304-586-2319

SWIMMING LESSONS REGISTRATION FORM

Name: _____

Address: _____

Phone: _____ (H) _____ (Cell)

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone _____

Name: _____ Phone _____

Doctor: _____ Phone _____ Hospital _____

Does participant have any previous experience in this activity? Yes _____ No _____

Does participant have any physical limitations? Yes _____ No _____

WAIVER FOR PARTICIPANT

In consideration of the acceptance of my or my child's enrollment in this activity, I hereby waive for myself, my child, my heirs, and assigns, all claims for damage which I might have against the staff of the Town of Eleanor or any other participating agency and their employees for any and all injuries which I or my child might receive during this activity.

NO REFUNDS. PROGRAM DATE MAYBE CHANGED IF CONFLICT OCCURS. (Participants will be notified). I also declare that I or my child is in proper physical condition to participate in this activity.

SIGNED: _____ DATE: _____

(If under 18 parent must sign)

Fee Paid: \$ _____ Received by: _____

It is the policy of the Town of Eleanor to provide its facilities, accommodations, services and programs to all persons without regard to gender, race, color, age, religion, national origin or disability. Proper licenses, registration and compliance with official rules and regulations are the only sources of restrictions for facility use or program participation.

The Town of Eleanor is an equal opportunity employer.

JUNE 12 - 23 or JULY 24 - AUGUST 4

9:00 AM - 9:50 AM or 10:00 AM - 10:50 AM

THERE WILL BE A \$2.50 CHARGE
IF PAYING BY CREDIT CARD

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____
(3 digits on back of card)