

# City of Madison Parks Department 2010 Infant Swim Lesson Form

July 19-23

6:00 p.m. – 6:50 p.m.

**\$25.00 for one week session  
(Parent involvement required)  
(12-36 Months)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Swim Lessons will be Red Cross Certified by  
Alice Belt/Water Safety Instructor

I understand that there is risk of injury in connection with participating and/or learning to play all Parks Department activities. I hereby accept and assume the risk of such injury on behalf of my child while attending Madison Parks Department functions. I hereby release the organizers, coaches, instructors, land owners and all other persons or entities from all liability for any injury my child may sustain while attending Madison Parks Department functions. I further certify that my child is in good health and can participate in the daily activities in connection with this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_