

Last name(s) of children: \_\_\_\_\_

**POOL REGISTRATION GUIDELINES:**

1. Must pay at the time of sign-up.
2. Write in the name of each participant to enroll.
3. Fill out and sign the release form on back for all children in swim program.
4. *A second release form is not needed if your child has a current Park & Rec. release form.*
5. This registration, release forms, and payment is to be received at the CFC front desk.

**Make check payable to Cresco Fitness Center.**

Are you a Cresco Fitness Center ticket holder (member)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(NM – nonmember)

To be filled out and sign-up at Cresco Fitness Center

First Name

Level

_____	_____
_____	_____
_____	_____

**Private Lesson** \$50.00 each, \$100.00 NM

4:40	5:20	6:00	6:20	6:40	7:00	7:20	7:40
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**EVENINGS:**

OCTOBER 26 & 27 NOVEMBER 2 & 3 (Mon and Tues)  
 DECEMBER 27, 28, 29 & 30 (Sun thru Wed)  
 JANUARY 4, 5, 6 & 7 (Mon thru Thurs)  
 FEBRUARY 1, 8, 15 & 22 (Monday's)  
 MARCH 7, 8, 14 & 15 (Mon and Tues)  
 APRIL 11, 12, 13 & 14 (Mon thru Thurs)  
 APRIL 25, 26, 27 & 28 (Mon thru Thurs)

10:00	10:40	11:20
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**MORNINGS:**

DECEMBER 28, 29, 30, 31 (Mon thru Thurs)  
 JANUARY 4, 5, 6 & 7 (Mon thru Thurs)

**TOTAL** \_\_\_\_\_

As a parent and/or guardian of the minor child(ren) listed below, I hereby grant permission for my child to participate in any activity sponsored by the Cresco Fitness Center or the Cresco Park & Recreation.

By granting permission I hereby acknowledge that the risk of injury, which could lead to permanent disability, or even death, is inherent in any athletic activity. Furthermore, I understand that the possibility of a catastrophic injury does exist even though proper rules and techniques of any athletic activity are followed to the fullest.

I hereby assume such risks of injury on behalf of my child(ren) and myself and will not hold the Cresco Fitness Center, Cresco Park & Recreation, its coaches, employees, or volunteers responsible for accidents taking place during practice, games, or activities sponsored by the Cresco Fitness Center or the Cresco Park & Recreation.

I hereby authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Furthermore, I accept all financial responsibilities for necessary treatment and services.

I have filled out a release for these children on this years Park & Recreation form (need not fill out below).

	First	Last	Gr. ('15-'16)	Birth date	Male	Female
Child 1	_____	_____	_____	_____	_____	_____
Child 2	_____	_____	_____	_____	_____	_____
Child 3	_____	_____	_____	_____	_____	_____
Child 4	_____	_____	_____	_____	_____	_____

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Business Phone (Mother) \_\_\_\_\_ Business Phone (Father) \_\_\_\_\_

Cell Phone (Mother) \_\_\_\_\_ Cell Phone (Father) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list other persons or cell phone number to be called for emergencies if above are unavailable:

Name \_\_\_\_\_ Cell / Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell / Phone \_\_\_\_\_

Please list each child's medical allergies, chronic illness or other medical conditions the staff should know:

\_\_\_\_\_

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

This form is valid for one year after sign date.

*Both parents sign if possible.*