

EDGERTON POOL REGISTRATION

Make checks payable to: City of Edgerton

Mail to : Edgerton Pool 12 Albion Street Edgerton, WI 53534



Parent's Name: _____

Address: _____ City: _____

Phone Number: _____ Email _____

Group Swim Lessons

Participant's Name	Gender	Age	Birth Date	Session #	Level #	Class Time

Season Pass Holder's Name	Gender	Age	Pass Number

RESIDENTS OF EDGERTON ARE TAXPAYER'S of city taxes and/or live in the city limits.

In exchange for the privilege of using these facilities, I agree that I will be liable to and hold harmless the City of Edgerton and its officers and officials, agents and employees against all loss or expense including attorney fees by reason of any claim and suits, or because of bodily injury including death at any time resulting wherefrom, sustained by any person or person or an account or damage to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my act or omission in attending and using these facilities, whether caused by or contributed to by the City or its agents or employees. I grant permission for my photo to be used in any promotional material produced by the City of Edgerton.

Signature required for participation _____ ***Date*** _____

FOR OFFICE USE:			
CHECK # _____	CASH _____	Total Collected _____	Date _____ INITIALS _____