



# City of Wilson Parks & Recreation

Tee Shirt Size (If Offered):		
___ YS	___ YM	___ YL
___ AS	___ AM	___ AL
___ AXL	___ A2XL	___ A3XL

## Program Registration Form

Program: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male / Female  
(Circle One)

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

Resident: City / County (Circle One)

Primary Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

( Example: Primary Contact Name: April Smith Relation: Self )

Email: \_\_\_\_\_

Have you participated in Swim America in the past? Yes / No (Circle One)

If Yes, which station are you currently participating ? (1-10) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Medications/Medical Conditions/Allergies: \_\_\_\_\_  
\_\_\_\_\_

I HEREBY GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN \_\_\_\_\_  
Knowing that with any sport/program, there is a possibility of serious injuries. I, therefore, will assume all responsibilities for any accident or injury that may occur. I understand that any type of equipment issued to the participant belongs to the Recreation Department and that the participant is responsible for it. When participating in the above program, I will take responsibility for returning any and all equipment. I also understand that video/photos of the above participant may be used for any recreation publication and or video production.

### OFFICE USE ONLY

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

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