



Opelika Swim Team

Fall Registration Form

Pups (2x per week 40.00/Month + 20.00 per extra session)

Dawgs (2-3x per week 50.00/month + 25.00 per extra session)

Select the days of week you will attend

MONDAY: _____ TUESDAY: _____ Wednesday: _____ THURSDAY: _____

Registration Month: NOV _____ DEC _____

Returning Swimmer () New Swimmer ()

Swimmer Name _____

Swimmer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian's Name _____

Guardian's Name _____

Phone #: _____ / _____

Email address: _____

Email address: _____

(Birth Date) (AGE) (M/F) (P/D + Extra) (\$)

Subtotal \$ _____

Less 10% for multiple swimmers -\$ _____

Total Paid: \$ _____

Allergies/Special Considerations/Medical Problems:

AUTHORIZATION FOR RELEASE

I, _____ do hereby release and forever discharge and indemnify and hold harmless the Opelika Parks and Recreation Department, The City of Opelika, it's employees, as well as it's insurers and participants against loss from and against any and all claims, demands or actions in law or inequity that may hereafter at any time be made or brought by myself or anyone on behalf of said self for the purpose of enforcing a claim resulting in damage, injury, death or any other adverse result which may arise in connection with any association and /or participation in activities provided by the City of Opelika Parks and Recreation Department. It is agreed that this Release and Hold Harmless Agreement shall extend to and include any and all claims which may arise from any claimed or actual negligence, carelessness, fault, act or omission of either myself or the parties herein released. I acknowledge that the sole purpose of this agreement is to relieve the parties herein from any and all liability or exposure to liability regardless of the nature and regardless of causation. I also give permission for OPR to take photographs and/or videos of my child during activity for publicity use. Furthermore, please take caution when sending valuable, sentimental items with child/ward to any activities. OPR accepts NO RESPONSIBILITY for lost or stolen items. I hereby acknowledge that the terms herein are contractual in nature and that I have read and understand this Release Agreement.

Signature: _____ Date: _____

It is the policy of Opelika Parks and Recreation that no person shall, on the basis of race, color, creed, religion, sex, age, national origin or disability be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity.

"Something for everyone" is the motto of the Opelika Parks and Recreation Department and we strive to make our community healthier and more livable as we enhance the physical, cultural and social well being of those we serve."

FOR OFFICE USE ONLY: Rec # _____ Amt Paid \$ _____ Date _____ Location _____