

**New London Community Pool Swim Lesson Registration Form**

**Parent's Name** Please Print \_\_\_\_\_

**Address:** \_\_\_\_\_  
City: \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **Zip:** \_\_\_\_\_

Child's Name	Age	Level	Day	Time	
_____	_____	_____	_____	_____	R/NR
_____	_____	_____	_____	_____	R/NR
_____	_____	_____	_____	_____	R/NR
_____	_____	_____	_____	_____	R/NR
_____	_____	_____	_____	_____	R/NR

Initial \_\_\_\_\_ Check \_\_\_ Cash \_\_\_\_\_ Total \_\_\_\_\_

Date \_\_\_\_\_ Late Fee \_\_\_\_\_ TOTAL \_\_\_\_\_

Medical Alert or comments: \_\_\_\_\_

Liability information: You should be aware that the New London Community Pool programs involve an element of risk or danger for all participants and may cause serious injury or death. The new London Community Pool does not provide nor cover medical or hospital insurance for participants in our programs. All persons participating in NLCP activities must agree to indemnify and hold harmless the City of New London, it's employees and hold harmless the costs, expenses and/ or judgments rising in any manner from the participants in any New London Community Pool program.

I have read and understand the liability information listed above.

Parents/Guardian  
Signature \_\_\_\_\_

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_____	_____	_____	_____	_____	R/NR
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