

NAME

PHONE

WORK/CELL PHONE

ADDRESS

CITY

BIRTHDATE

M

F

AGE

CITY OF CAPE GIRARDEAU
PARKS & RECREATION DEPT.
A.C. BRASE ARENA 410 KIWANIS DR.
CAPE GIRARDEAU, MO 63701
PHONE 573-339-6340

ACTIVITY _____

CLASS DATE _____

LOCATION _____

TIME _____

SESSION: (Circle One) I II III IV V VI

SWIM LEVEL: 1 2 3 4 5 6 7 UNKNOWN

DAY: (Circle One) M Tu W Th F Sa Su

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

WAIVER FOR PARTICIPANT BY PARENT

In consideration of your accepting my child's entry, I herby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the above park district or school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

SIGNATURE _____

FEE PAID _____ Date _____

RECEIVED BY _____

CHECK # _____ CASH _____

MASTERCARD/VISA/DISCOVER _____