

Kiel Rec. Dept. Swim Club Registration Form

**Mondays and Thursdays
From 6 to 7 pm at the Kiel High School Pool**

**September 18th to January 6th
(Practice times/days may change due to school closings, or early release and
cancellations due to weather conditions)
Swim meet dates: Oct. 28th and Jan. 6th**

SWIMMER MUST HAVE PASSED LEVEL 4 IN SWIM LESSONS

PLEASE PRINT

Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____ Cell _____

Parents (Guardian) Name: _____

Age: _____ Birth date: _____ Email: _____

In consideration of my child's participation in this program, I do hereby for myself, and my heirs, personal representative and assigns, waive and relinquish any and all claims and rights for damages I may have against any and all other participants, the City of Kiel, the Kiel schools, and/or their assigns and representatives for any and all injuries my child may suffer or sustain while participating in this program.

Parent/guardian signature: _____ Date: _____

Emergency Information

If parents cannot be reached, please call:

Name: _____ **Phone:** _____

(Please return top portion with your payment)

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6pm to 7pm at the Kiel High School Pool

Cost is \$32.00

Make checks payable to the Kiel Recreation Dept.

Please mail payment to: Melissa Brandt/Rec. Director

510 3rd Street Kiel, WI 53042

Please call Coach Amy at (920) 320-1803 with questions