

LAP SWIM

Dates:

September 26, 28, 29	(\$5 for these dates)
October 3, 5, 6, 10, 12, 13, 17, 19, 20, 24, 26, 27, 31	(\$20 for the month)
November 2, 3, 21, 23, 28, 30 (pool closed Nov 7 th – 18 th)	(\$10 for the month)
December 2, 5, 7, 9, 12, 14, 16, 19, 21, 23, 28, 30	(\$20 for the month)
January 4, 6, 9, 11, 13	(\$5 for these dates)

Time: 6:10 AM – 7:15 AM

Location: Iowa Braille School Indoor Pool

Entrance: Through South doors

(MUST pre-register at the Vinton Recreation Center)



Lap swimming is a very popular form of aerobic exercise and is a wonderful way to help meet your fitness goals! Please note that this program is intended for LAP SWIMMING ONLY. Any other type of open swim or play is not permissible. Participants must complete the registration form below and any minor (under the age of 18) must also have a parental signature.

LAP SWIM 2011-2012

Participant's Name: _____

Age (if under 18): _____

Parent Name (if minor): _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Mark which month(s) you would like to participate in:	
<input type="checkbox"/> SEPTEMBER (\$5)	<input type="checkbox"/> NOVEMBER (\$10)
<input type="checkbox"/> OCTOBER (\$20)	<input type="checkbox"/> JANUARY (\$5)
<input type="checkbox"/> DECEMBER (\$20)	
TOTAL AMOUNT DUE \$ _____	

1. I/We recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the vent of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Participant's Signature: _____

Parent Signature: _____

(only if participant is a minor)