

**Wilton Parks & Recreation Department
158 Weld Street
Wilton, Maine 04294**

PARTICIPANT'S NAME: _____

PROGRAM: _____ **DATE OF BIRTH:** ____/____/____ **AGE:** _____

PHONE#: _____ **PHONE #:** _____

ADDRESS: _____

SCHOOL ATTENDING: _____ **GRADE ENTERING:** _____

***I/We are legal guardian of the above-named child, do hereby give consent for participation in swim lessons facilitated by Wilton recreation Department. I/We understand there are risks associated with participating in swim lessons. I/We understand those risks include but are not limited to, personal injury, disability and even death. With the knowledge of associated risk. I/We do further release, absolve, indemnity and hold harmless the Wilton Parks and Recreation Department, waiving all claims against the Wilton Parks and Recreation Department, the director, department employees, swim instructors, lifeguards and department volunteers.**

***I/We grant the Wilton Rec Department staff permission to administer basic first aid and/or life-saving measures in the event of an emergency. I/We also grant permission for staff to obtain emergency medical help from licensed professionals. I/We agree to assume all costs related to any such treatments.**

***I/We recognize that the Swim director reserves the right to no allow participation in swim lessons due to poor or unsafe behavior.**

***I/We recognize all Wilton Recreation Department activities and facilities are alcohol and tobacco-free areas.**

X _____
Signature of Legal Guardian **Date**

FOR REC DEPT USE ONLY:

SWIM LESSONS

RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
PAID	
\$ _____	
CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>

IMPORTANT INFO ABOUT PARTICIPANT: