

2025 Swimming Pool Registration

Child's Full Name: _____

Birth Date: _____

Legal Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Health Conditions: _____

Category Registering In: _____

- Session: June 16-26 July 7-11
(please check a box) *(once a day)* *(twice a day)*
- July 21-25 August 11-15
(twice a day) *(twice a day)*

Photo Waiver

(please check the box)

The Town of Lanigan has my permission to use my or my child's photograph publicly for promotion. I understand that the images may be used in print publications, online publications, presentations, websites and social media

Liability Waiver

(please check the box)

I, the parent/guardian, do hereby permit the above named person to participate in the Lanigan Swimming Pool Program and do hereby accept all responsibility for any injury or mishap that may occur during the said program

Signature

Date

No funds will be refunded with the exception of medical matters. A doctor's note **must** be provided.

No refund will be issued after the start date of a program