



East Helena Pool

Jr. Swim Team Registration

Summer 2024

Paid:
Waitlist:

Child's name: _____	Age: _____
Child's name: _____	Age: _____
Child's name: _____	Age: _____
Parent's name: _____	
email address: _____	
preferred #: _____	Back Up # _____

Summer 2024 - \$80

<p>Practices: Tuesday and Thursday mornings 9:00 - 10:00 am June 18 - Aug. 15 No Practice the week of 4th of July eight weeks 16 practice sessions</p>	<p>Participation guidelines: Participants must be able to swim the length of the pool unassisted by front crawl to participate. ** Swim Goggles required **</p>
<p>Children should be on time and dressed in proper swimwear classes may be cancelled due to weather, insufficient class size, or instructor availability ABSOLUTELY NO REFUNDS</p>	

WAIVER FOR PARTICIPATION

In consideration of your accepting my child's registration, I hereby for my child, my heirs, executors and administrator, waive and release any and all rights and claims for damages I or my child may have against the City of East Helena and it's employees, representatives and successors for any and all injuries suffered by my child at the activities for which I am registering my child.

parent/guardian signature _____

date _____