

Clatskanie Park and Recreation District

P.O. Box 737
Clatskanie, OR 97016
503-728-2757
EIN #: 93-0568435
csp@cni.net

Clatskanie Swimming Pool - Lesson Registration Form

Family Name: _____

Address (physical & mailing):

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s) & Phone Number(s):

Emergency Contact Name & Phone Number:

Name of Lesson Participant	Age	Level
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I give my consent for emergency medical treatment to be given to my child in case of an accident or in the event of an emergency. I also acknowledge that insurance for personal injuries or loss of personal property during this activity is NOT provided by Clatskanie Park and Recreation District. I also authorize Clatskanie Park and Recreation District to have and use photographs or video of the person(s) named on this application as needed for public relations programs or promotions, unless otherwise arranged. I acknowledge that I must remain at the pool during lessons if my child is under the age of 7.

Signature of Parent/Legal Guardian

Date