



# Program Sign Up

Participant Name \_\_\_\_\_

Program Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Male Female  
(circle one)

**XS** (2-4) **S** (6-8) **M** (10-12) **L** (14-16) **XL** (16-18) **Adult Small**  
T-Shirt Size (circle one)

Child's Date of Birth \_\_\_\_\_ Does your child have special needs? Y N If Yes, please explain \_\_\_\_\_

## Swim Lessons

Circle Session: Feb Mar Apr May Summer1 Summer2 Summer3 Summer4 Sept Oct Time: \_\_\_\_\_

Circle Class Level: Pre/K L1 L2 L3 L4 L5 L6 Aquatots

I grant permission for \_\_\_\_\_ to participate in the Knoxville Recreation Center's program. I voluntarily waive claim against the Commission, City Officials, Employees and Volunteers for any and all liability in connection with the program. I also state that my child is physically fit to take part in this program.

**Please consider volunteering as a coach. Unsure of all of the rules of the sport? We hold a brief coaches meeting and give you all the information you would need! Without coaches we would be unable to hold these youth programs!**

Coach Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Coach Phone #: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Print Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_