

MARIETTA SUMMER SWIM & PLAY PROGRAM  
REGISTRATION & WAIVER OF RIGHTS

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

(other than parent)

FAMILY PHYSICIAN: \_\_\_\_\_ HOSPITAL PREFERENCE: \_\_\_\_\_

IS YOUR CHILD ON ANY MEDICATIONS? IF SO PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

WAIVER OF RIGHTS

In consideration of the opportunity afforded to my minor child \_\_\_\_\_ to participate in the Marietta City Summer Swim & Play Program and in recognition of the possible injury to which my child may be subjected as the result of the nature of the activities involved, I hereby freely and voluntarily waive any right or cause of action of any kind whatsoever which either my child or I may have against the City of Marietta its officers, employees, agents, or representatives, for any and all injuries which my child may suffer while participating in the Marietta City Summer Swim & Play Program.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

NO CHILD WILL BE PERMITTED TO PARTICIPATE WITHOUT PARENT/GUARDIAN SIGNATURE



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**2002**

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CHILD'S NAME: \_\_\_\_\_

PARENT/GUADIAN \_\_\_\_\_ DATE \_\_\_\_\_

NO CHILD WILL BE PERMITTED TO PARTICIPATE WITHOUT PARENT/GUARDIAN  
SIGNATURE

