

# Swim Lesson Registration Form

**Forms must be returned to Bonners Ferry City Hall by Friday, June 8, 2020.**

- Please complete a separate registration form for each child
- Sign up and pay at City Hall, as we cannot accept mailed in forms
- Class openings will be filled on a first come/first serve basis
- Due to scheduling limitations, please ensure that you choose the correct classes. We will not be able to accommodate changes or refund payments.
- Only one session per child per summer
- Make checks payable to: **City of Bonners Ferry**

|         | Session 1         |     | Session 2        |     | Session 3         |     | Session 4        |     |
|---------|-------------------|-----|------------------|-----|-------------------|-----|------------------|-----|
|         | June 15 - June 26 |     | June 29- July 10 |     | July 13 - July 24 |     | July 27 - Aug. 7 |     |
| 9:00am  | Lv2               | Lv4 | Lv3              | Lv5 | Lv1               | Lv6 | Lv2              | Lv4 |
| 9:35am  | Lv3               |     | Lv1              |     | Lv3               |     | Lv1              |     |
| 10:10am | Lv1               | Lv5 | Lv2              | Lv4 | Lv2               | Lv5 | Lv3              | Lv6 |
| 10:45am | Lv2               |     | Lv3              |     | Lv1               |     | Lv2              |     |
| 11:20am | Lv3               | Lv6 | Lv3              | Lv6 | Lv3               | Lv4 | Lv1              | Lv5 |
| 11:55am | Lv1               |     | Lv2              |     | Lv2               |     | Lv3              |     |

We do not call with session assignments, please be sure to make note of session dates and times.

**The pool may be closed due to mechanical and weather issues. Due to time restraints, we cannot notify families, notice of pool closures will be posted at the pool.**

I have read and understand the above information \_\_\_\_\_  
Parent/Guardian Signature

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Child's Age at the time of session, must be at least 4 years: \_\_\_\_\_

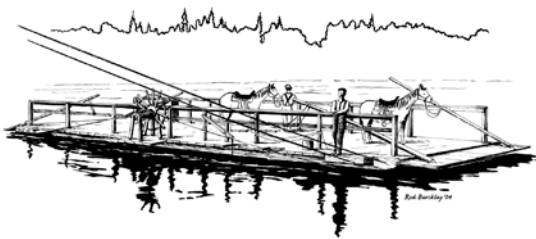
Phone Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

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

Are there any medical conditions that could affect your child's safety at the pool (asthma, allergies, seizures, diabetes, etc) Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain



# CITY OF BONNERS FERRY

7232 Main Street  
P.O. Box 149  
Bonners Ferry, Idaho 83805  
Phone: 208-267-3105 Fax: 208-267-4375

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## PHOTO, AUDIO, VIDEO RELEASE

I, the undersigned, hereby (check one):

- DO** grant permission to the City of Bonners Ferry, its officers, employees, agents, and assigns (the "City"), to take, use, reuse, publish, republish my likeness or that of me and/or my minor child (photographic, video-form or otherwise) and voice, for the purposes of advertisement, fundraising, publicity, promotion, trade or any other use by the City, in any and all forms, media and manners, including but not limited to, news releases, websites, social media, photographs, video, marketing and exhibition for an indefinite period of time.

I understand that these images and voice recordings may be used for a variety of purposes, as outlined above, without further notification. And as such, I further understand and agree that neither I, nor the undersigned minor, have any right to inspect, or approve of the finished photographic, video, or audio recorded products.

I acknowledge that no compensation, fee or royalty will be paid for above mentioned uses of the likeness or voice and that the City owns all rights to the images, videos and recordings, and all derivative works created therefrom. Nor will I seek compensation, on behalf of myself, the undersigned, or any other party.

I release the City, its, officers, employees, agents, and assigns from any and all claims, demands, damages and liabilities arising out of, or in connection with, the use or distribution of said photographs, video or audio recordings, including but not limited to, claims of invasion of privacy, defamation, or infringement of copyright, moral rights, or rights of publicity.

I understand that this consent is perpetual, that it may not be revoked, and that it is binding on me, the undersigned minor, our heirs, assigns or any other third party.

- DO NOT** grant such permission for my/ and or my child's photo or other likeness to be used by the City.

This Release expresses the complete agreement of the parties and supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter of this Release, whether oral or written.

I attest that I have read this Release and fully understand its contents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

If a parent signing on behalf of a minor child, I warrant that I am the parent or legal guardian of the below named minor child and have full right and authority to enter into this release on behalf of the undersigned.

**Name of Minor Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name (print):** \_\_\_\_\_