

Belmont Recreation Department  
Private Swim Lesson  
Registration Form

Last Name	First Name (s)	Date (s) of Birth
Address		
Phone	Emergency Phone	Email address
Current Membership No.	# of Lessons	Instructor Requested (if any)

I, the undersigned, waive Belmont Recreation Department of all liability for any injuries, illnesses or loss of property while at Belmont Recreation Department programs. In the event that I should require any minor medical or surgical treatment and/or medication during Recreation Department programs, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take me to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for my well-being. It is understood, however, that if hospitalization or treatment of a more serious nature is required, every effort will be made to contact nearest family member.

Authorized Signature	Date
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The Recreation Commission has a ZERO TOLERANCE POLICY for misconduct by a participant or parent while at a Recreation Department program or facility. Any person who willfully disregards Recreation Commission rules may have their membership/participation privileges revoked.

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Amount Collected by Rec