

GULFPORT DEPARTMENT OF LEISURE SERVICES

Swim Team and Swim Lesson 2024 Registration Form

Francis X. Collins Pool is located at
2204 Swetman Blvd., Gulfport, MS 39507

Swimmer Name: _____
First Name Middle Initial Last Name

Female: _____ Male: _____

DOB _____ / _____ / _____ Age: _____

Address: _____

City _____ Zip Code _____

Phone Number: Home: _____ Cell: _____

Parent: _____
Print Name

Signature: _____ Date: ____/____/____

Francis X. Collins Pool is located at
2204 Swetman Blvd., Gulfport, MS 39507

Registration information below:



Swim Team Registration:

Registration Date: May 4, 2024 10am-3pm

Ages 6-18 Child must be able to swim length of pool
Cost: \$30 per child; \$25 for each additional family member

Coastal League

Cash Only

Cost: \$6 per Child; same family, \$4 second child and \$2 Third Child

Swimming Lesson Registration

REGISTRATION DATE: May 11, 2024 10:00am-3pm

Swim Program Fee: \$40 per session

Session includes: 2 weeks (8) days of class

(M-Thurs.) * Rain make up day on Friday

Session 1: June 10-21 / 8am-8:45am / 7-7:45pm

Session 2: June 24-July 5 / 8am-8:45pm / 7-7:45pm

Session 3: July 8-19 / 8am-8:45am / 6pm-6:45pm / 7pm-7:45pm

Registration Materials: Copy of child's birth certificate

SPACES ARE LIMITED

WAIVER

(Initial Here)

I / We the parents of the above named child, who is participating in the Gulfport Department of Leisure Services Learn to Swim Program, hereby give my approval to his / her participation in any and all the activities of the program during the current season. I / We assume all risks and hazard incidental to the conduct of activities. I / We do further hereby release, absolve indemnity and hold harmless the Gulfport Department of Leisure Services, the Organizers, the Sponsors, the Supervisors, and /or all of them.

In case of injury to the child, I / We likewise waive all claims against the organizer, the sponsors, or any of the supervisors appointed by them. I / We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my / our child to or from the activities. I will furnish a certified copy of the child birth certificate of the above named participant upon request of the Gulfport Department of Leisure Services Learn to Swim program Officials.

RELEASE OF LIABILITY

(Initial Here)

I agree that photographs, videotapes, motion pictures, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated by the City of Gulfport, Department of Leisure Services. I hereby grant the City of Gulfport Department of Leisure Services permission to use such images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name in connection therewith if the City of Gulfport Department of Leisure Services so chooses.

Make check payable to the City of Gulfport.

Swim Team Fee Paid: _____

Swim Lesson Fee paid: _____

Received By: _____

Date: _____