

SEBEKA AREA POOL REGISTRATION SLIP

Parents Name _____ Phone Number _____

Address_____

[illegible]

I hereby give permission for my child/ children listed above to participate in swimming lessons at the Sebek Area Pool and I assume all risks and hazards incidental to the lessons. I declare the children listed above to be in proper health and condition to participate.

Signature of Parent or Guardian	Date
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Note: Enrollment is not complete until fee is paid. No refund will be given after the first swim lesson session begins. Lack of registrations could result in cancellation or rescheduling of a class.

Fill out and return this registration form along with the proper payment to:

City of Sebeka
213 Minnesota Ave W
PO Box 305
Sebeka, MN 56477