



Program Registration

Session: _____

Level: _____

Time: _____

Student's Name _____ Birth Date ___/___/___ Male ___ Female ___

Street Address _____ Home Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Emergency Contact _____ Phone _____

Please list any medical problems and/or medications that could affect participation or performance (i.e. asthma, inhaler, Ritalin) _____

General Release of Liability: I hereby release and hold harmless, the P.C.B. Aquatic Center, Parks & Recreation Department., City of Panama City Beach, its employees and agents, from all liabilities, claims, or demands that may accrue from injury to myself, my child, or property through participation in this program. I also give permission to make appropriate arrangements to provide emergency care and treatment for myself or my child should an accident occurs.

Signature _____ Date _____

Witness Signature _____ Date _____

Registration Fees

-Swimming Lessons \$35 \$45

-Aqua Aerobics \$35 \$45

-Fitness Swim \$0 \$45

-Springboard Diving

-Beginner \$45

-Intermediate \$70

Other _____ \$ _____

***Please note any special needs/requests on back of form**

For Office Use Only

Certifications on File _____

Transaction Number _____

Check Number _____ Amount Paid _____

Age