JOHN DAY/CANYON CITY PARKS AND RECREATION
Pass Form
Waiver release Form for Swim Team Family Pass @ Gleason Pool.

Swim Team Family Pass $180.00 : _____

Pass #:_____

Swim Team Member:_____
Family Name:_____

Members on family Pass (only immediate living in household)

_____
_____
_____
_____
_____
_____

Address:_____
Phone Number:_____

In case of emergency contact

_____ _____
Name **phone**

ANY SPECIAL HEALTH PROBLEMS:
(Please specify)_____
_____

WAIVER and PARENT/LEGAL GUARDIAN AUTHORIZATION:
I certify that my child is in good physical condition and can participate in the John Day/Canyon City Parks and Recreation Swim Program. I realize that there is potential for injury in any sport that includes water and agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches/directors of this program to secure proper treatment and/or hospitalize my child or self. Knowing that the JD/CC Parks and Rec. District does not carry any primary accident insurance on its participants, I will be responsible for any medical and/or other charges in connections with my child's participation in said program. I hereby waive and release AND hold harmless the John Day/Canyon City Parks and Recreation District, PO Box 762, John Day, OR 97845 and any and all staff personnel, volunteers or organization associated with this program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child/self-participation in said program.
I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.

Signature of Parent/Legal Guardian: _____ Date_____

2019 GLEASON POOL FAMILY PASS

FAMILY NAME:_____
PASS NUMBER:_____

STAFF:_____