ODEM PARK AND RECREATION PROGRAM
1 Owl Square
Odem, TX 78370
(361) 368-8121, ext. 223
Email: garciacg@oeisd.org

SWIM LESSONS - REGISTRATION FORM

SESSION I-June 6–June 16 SESSION II-June 20–June 30 SESSION III-July11-July 21

Participant Name: _____
Last First M.I.

Parent or Guardian: _____

Address: _____

Phone Number: _____ Age: _____ Date of Birth: _____

No Refunds on Swim Lessons **Make-up Days for Rain ONLY**

Water Experience Level (*check one*): _____**None** _____**Some** _____**Experienced**

Do you have any medical condition which may inhibit your participation in any physical activities? (IF YES, EXPLAIN)

_____

_____

Are you currently taking any type of medication? (IF YES, PLEASE LIST)

_____

_____

LIABILITY RELEASE

In consideration of your accepting my registration for this Park and Recreation Program, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims for damages I may have against ODEM-EDROY ISD. I also further agree to defend, indemnify and hold harmless the ODEM-EDROY ISD employees, agent(s), representative(s) and volunteer(s) and assign for any and all injuries suffered by my participation in this program. Additionally, since risk of injury or death is inherent to any form of physical activity, I am advised to consult a physician prior to participating in this program.

Signature: _____ Date: _____

Received by: _____ Date: _____ Amount Paid: _____

2023