**2026 Swimming Lesson Registration**
Kensington EVK Memorial Swimming Pool

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Address: _____

Phone Number: _____

Does your child have any medical or special needs we should know about?

_____

Child's Doctor: _____ Phone: _____

**Swimming Lesson Prices:**

$65.00 for 1 child (Public Lessons)

$55.00 per additional child within same household (Public Lessons)

$85.00 for 1 child (Private Lessons)

$75.00 per additional child within same household (Private Lessons)

**Method of Payment:** Cash _____ Debit _____
Check _____ Online _____

**Informed Consent and Waiver/Release**
I, the undersigned, as the parent or legal guardian of the child listed on this form in consideration of the request and permission of my son/daughter to participate in the EVK Swimming Lessons, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge the Town of Kensington, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, or any related activity of my son's/daughter's participation in the aforementioned program and occurring before, during, or after said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of the Town of Kensington, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs' executors and administrators and for all my family members. I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the EVK Swimming Pool including, but not limited to, paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state that, to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in the EVK Swimming Lesson programs.

**Photos**
I also understand that Photos are occasionally taken at the EVK Swimming Pool and that any photo taken of my child may be used to the Town of Kensington publicity purposes.

I have read and understand, and I agree with the informed consent and release outlined above as it relates to my son/daughter

**Signature:** _____

**Date:** _____

Town of Kensington