

Newark Summer Swim Registration Form

			Session 1	Session 2	Session 3	Session 4	\$-Total-\$
Child's Name:	Level:	Period:					
		1st choice:					\$
		2nd choice:					
		3rd choice:					
Child's Name:	Level:	Period:					
		1st choice:					\$
		2nd choice:					
		3rd choice:					
Child's Name:	Level:	Period:					
		1st choice:					\$
		2nd choice:					
		3rd choice:					
Total Payment:							\$

Mailing Address: _____

City: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____

- ***Make checks payable to N.U.S.D.** (There will be a \$10 fee assessed on all returned checks)
- *There will be a \$20 administrative fee placed upon refund requests.
- *No walk in registration will be accepted at the address below
- *No "Make-Ups" for classes missed.

Mail registration form with payment to: **Newark Memorial High School**
c/o Summer Swim Program
39375 Cedar Blvd
Newark, CA 94560

Release of liability: I hereby release all claims for damages which I may have against Newark Unified School District as a result of my participation in any summer events. This discharges the school district, it's agents and employees, and any other involved entities from all liability connected with my participation, even though that liability may arise out of the negligence of carelessness on the part or persons of entities mentioned above. Knowing that accidents and injuries may arise out of the event, I hereby agree to assume those risks and release and hold harmless all persons who might be liable to me for damages. This release is to be binding on my heirs and assigns.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

OFFICE USE ONLY

Cash\$	Check #	Check\$	Initials	Receipt #
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