



# 2022 Summer Swim Lessons

Monday June 6<sup>th</sup> – Friday June 10<sup>th</sup>

7:30 AM – 9:30 AM (30-minute lessons each day)

Fee: \$75 per child

Ages 2 and up

Pam Wright | 662-386-2438

Once Students have been registered, Pam Wright will contact you with your assigned time slot.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do we have your permission to use your child's camp photos in promotional ads  
or on our Facebook page or website? Yes  No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LION HILLS

## EAST MISSISSIPPI COMMUNITY COLLEGE

I hereby give permission for the Camper named to attend and participate in the EMCC Lion Hills Summer Swim Lessons. I understand that there are inherent risks and hazards associated with Camper's participation in the camp and I hereby give my voluntary consent for the Camper to participate fully in all camp activities. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by Camper as a result of Camper's participation in the camp or while in, on, or upon the premises of where the Camp is being conducted or while in transit to or from. In consideration for the right of the camper to participate in this Camp, I, on behalf of Camper, myself, and Camper's heirs, assigns and personal representative(s) hereby covenant not to sue and further release, waive and discharge EMCC Lion Hills Center from any and all liability, claims, demands, causes of action arising out of or related to any loss, damage or injury, including death, sustained by Camper or Camper's property arising out of Camper's participation in the Camp, whether caused by negligence of or breach of any expressed or implied contact by EMCC Lion Hills Center. If at any time it is necessary for the camper to receive medical attention, I hereby give my consent to the camp to secure these services and arrange transportation if deemed necessary. I am aware that I will be responsible for all medical expenses resulting from any illness or injury.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read this document, I understand it, I sign it voluntarily, and no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

Does the applicant have any history of a physical or medical condition, which may affect her ability to participate in the full activities of the camp?  Yes  No

If yes, please list: \_\_\_\_\_

Is applicant taking any medications?  Yes  No

If yes, please list: \_\_\_\_\_