## City of Norfolk Recreation, Parks and Open Space SWIMMING POOL RECREATIONAL SWIM PARTICIPANT REGISTRATION FORM

Participant/Parent or Guardian:			•			
Address:Street			<u></u>	- · ·		
		City		State	,	Zip
Phone Numbers: Day #: ()	Evening #: <u>(</u>	<u>)</u>	Ce	II #: <u>(</u>	)	
E-mail address:	· .					
Emergency Contact: Name:	_ Day Phone # : <u>(</u>	)	Cell	# : <u>(</u>	)	
(Read theses	documents comp	letely befor	re signing	a)		
In consideration of my participation in the activity Open Space (RPOS), I, for myself or on behalf of and provide all necessary medical attention shout transported to or from any RPOS-sponsored act regulations as they pertain to this activity. I acknow the risks and responsibilities involved in these act participating. I have read this release and under significance.	of the participant who I uld I, or the participant ivity. I have read the po owledge the risks and octivities. I assume thes	represent, auti who I represer olicies pertainir responsibilities e risks realizin	norize City on the injured of the injured of the cancel of involved in the capab on tarily and versions.	of Norfolk  I while p  lations, r  these ac  ilities of t  vith full k	cemple erticipa efunds ctivities the per nowle	byees to take ating or being s, rules and ssume rson(s)
ignature of Participant / Parent or Guardia	<u> </u>	<del></del>	/_ Date	_/	_	
Рното Р	ERMISSION RELEA			videotan	ed whi	le participating
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