

# REGISTRAION FORM

Child's Name:  Age:  Last Level Completed (if known)  
Child's Name:  Age:  Last Level Completed (if known)  
Child's Name:  Age:  Last Level Completed (if known)  
Child's Name:  Age:  Last Level Completed (if known)

Parent's Name(s):   
Address:  City:  Zip:   
Phone:  Amount Enclosed:

## Select Session(s) and Time(s)

Session A ☐ 6/6-6/10

Session C ☐ 6/20-6/24

Session B ☐ 6/13-6/17

Session D ☐ 6/28-7/1

**Call 406-657-2881 to confirm availability**

### Fees:

Public      MSUB  
\$55          \$49

**Five, 55 minute Lessons**

\*If you enroll your child in more than  
one session, there is a \$5 discount  
for the next session(s).

### Mail Payment To:

MSUB Rec Activities  
1500 University Dr  
Campus Box 570  
Billings, MT 59101

### EMAIL Registration:

[codi.ramsey@msubillings.edu](mailto:codi.ramsey@msubillings.edu)

## AGREEMENT TO PARTICIPATE

(PRIOR TO PARTICIPATION, THIS DOCUMENT MUST BE SIGNED BY AT LEAST ONE PARENT).

Participation in swimming activities is reasonably safe as long as certain guidelines are followed. It is extremely important you are healthy and physically in order to be prepared to participate safely.

If you have any condition that might prevent you from participating safely or if you have had any previous injuries or complications from physical activity and exertion, you are required to communicate that information to the leader of swim program prior to your participation. By voluntarily deciding to participate in this program, you are acknowledging that you are both physically enough and skilled enough to train, practice, and participate in a safe and reasonable manner. If at any time you are uncertain of your physical condition or health status, you should not participate until you have communicated that information to your program leader and you have been cleared to participate. Although the likelihood is minimized if you participate carefully, there is always the possibility of injury when you place extra demands on the muscles, bones, joints, and ligaments in a physically active environment. Injuries that can occur as a result of your participation in this swim program include but are not necessarily limited to the following: muscle strains; joint dislocations; ligament and joint sprains; joint soreness; abrasions; contusions; stress fractures; broken bones; drowning; and head, neck, and spinal cord injuries involving paralysis and even death. However, if you exercise care for your own safety and the safety of other participants, the likelihood of such injuries can be greatly reduced. By signing this form, you are acknowledging that you know, understand, and appreciate the various risks associated with this swim program. Furthermore, you agree to accept and assume those risks inherent to this swim program. In addition, by signing this form, you know, understand, and agree to accept the cost of any injuries you might sustain while participating in this program, as well as agree to let your son/daughter be treated for the injury by the MSUB staff and/or taken to the hospital if the MSUB staff deems it necessary. Finally, by signing this form, you acknowledge all of your questions, if any, have been answered to your satisfaction.

Minor's Name

Parent/Guardian Signature

Date

