

**ST. CHARLES VILLAGE POOL**  
**Swim Lessons Signup and Release Form**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Session Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent (Guardian): \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(if under 18)

Person student may be released to other than parent: \_\_\_\_\_

*In Case of Emergency*

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #'s: \_\_\_\_\_

*If above cannot be reached:*

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #'s: \_\_\_\_\_

Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_ Asthma: Y  N

Current Medications: \_\_\_\_\_

In the event myself or my child needs emergency treatment and the above persons cannot be reached to give permission, I hereby give consent for the authorization of such first aid, medical, hospital care, or treatment as needed.

Signature: \_\_\_\_\_  
(parent or guardian if under 18 years)

Date: \_\_\_\_\_