Harpswell Community Swim 2019 - Family / Individual Registration

Release from Liability: In consideration of the permission granted to the below-named parties by the Town of Harpswell to participate in the Community Swim Prograduring JAN - MAR 2019, I,															i, tors e ibove also	
I have read and understan	d the swimming	regula	tions.	I agree	to the I	Release	from L	iability	and car	ry med	ical ins	urance.				
Signature:																
Parent Name]									
Address							1									
City	ty			Zip Code												
Phone						-										
E-mail																
Medical Insurance Card:	Copy Pro			rovided		Card scanned at pool					On file					
Who's Swimming	Relationship	Age	6-Jan	13-Jan	20-Jan	27-Jan	3-Feb	10-Feb	17-Feb	24-Feb	3-Mar	10-Mar				
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