



City of Brenham Blue Bell Aquatic Center

WATER BABIES

\$25.00
Includes
Pool Pass

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: M or F

Parent/Gaurdian(s) Name(s): _____

Address: _____
Street City State Zip

Phone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact Information: _____

Circle 1 session & 1 time slot

Session I June 7th - 17th	Session II June 21st - July 1st	Session III July 12th - 22nd	Session IV July 26th - 29th
			Monday - Thursdays
10:00 - 10:30AM	10:00 - 10:30AM	10:00 - 10:30AM	10:00 - 10:30AM
10:30 - 11:00AM	10:30 - 11:00AM	10:30 - 11:00AM	10:30 - 11:00AM
5:30 - 6:00PM	5:30 - 6:00PM		
6:00 - 6:30PM	6:00 - 6:30PM		

Classes will be held **Mondays & Wednesdays** at the Blue Bell Aquatic Center.
 Please read and sign the following:
 I hereby acknowledge that this information is true and correct. I recognize that my child and I are participating at our own risk, and neither the City of Brenham Blue Bell Aquatic Center nor its affiliates carry insurance to cover me. Insurance is the responsibility of the individual participant. This registration verifies that my own, as well as my child's and family's health and fitness are acceptable to participate in the Parks and Recreation Program and I do not hold the City of Brenham Blue Bell Aquatic Center or its employees accountable or responsible for accident or injury.

Parent signature

Date

For BBAC use only: Payment Received _____ Date _____ Enrolled in class _____

