

Lenoir City Parks and Recreation
SUMMER POOL
Aqua-Aerobics/Lap Swim Application

Name: _____ Day Phone: _____

E-mail Address: _____ Evening Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Mondays, Tuesdays, Wednesdays and Thursdays
8:30am – 9:30am
6:00pm – 7:00pm

Season Pass

Available upon request

Per Session

Water Aerobics - \$4

Lap Swimming - \$3

I, the undersigned participant, do hereby agree to participate in the aforementioned activity and I further agree to indemnify and hold the City of Lenoir City, Lenoir City Parks and Recreation Department, and staff harmless from and against all liability for any injury or loss of property by myself arising out of, or in any way connected with my participation in this activity.

Applicant Signature

Date

OFFICE USE ONLY

Payment Received _____ Form of Payment _____ Date _____