

Faith Community Ministries
 5572 Mercy Way
 Lafayette, IN 47905
 (765) 449-4600
 fcmvolunteer@fcmlafayette.org
 www.ourcommunitycenter.org



Faith Community Home School Gym and Swim Program

Parent's Name: Last _____ First _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

In Case of Emergency Notify: _____

Relationship (if any): _____ Phone #: _____

Any medical conditions the Center should know about? _____

I hereby give permission for myself/my child to participate in gym class and swimming lessons at the Faith Community Center and will be responsible for my/his/her actions here. I am aware of and understand that there may be potential risks inherent with participation in any recreational activity. I assume the risks thereof, and I agree that I and/or my child at all times will keep the said Faith Community Center free, harmless, and indemnified from any and all liability for any injury I and/or my child might sustain as the result of said participation. I also understand that Faith Community Center does not provide accident insurance and cannot assume responsibility of any injury to any participant(s) in its programs.

 Parent or Guardian's Signature

 Date

Please list information for each child registering for Gym and Swim. Attach an additional page if necessary.

Child's Name	Gender	Age/Grade	Learning disabilities or delays that instructor should be aware of*

*All information will be kept confidential

