

OPEN SWIM DAYS

at STAR PLUNGE



**We will be traveling to Thermopolis to swim at the Star Plunge!
This is a program to have some fun in the sun!**

DATES: Thursday's, June 20th - July 25th
TIME: 8:00am - 1:30pm (We will be leaving the building at 8:15am and returning to the building by 1:30pm)

LOCATION: Meet at the SRD Building

AGES: 4 and above

If your participant is younger, and they wish to attend, you may meet us at Star Plunge at **9:00am** to get the discount, and you must accompany your child at all times!

COST: \$12.00 per day per person and \$7.00 per day 4 and under

DON'T FORGET TO SIGN THE STAR PLUNGE WAIVER ON THE BACK OF THIS REGISTRATION!!

Registration Information

- **NO DEADLINE; but spots on the van are first come, first served!**
- Please send your completed registration and fees to:
PO BOX 356
Shoshoni, WY 82649
- Bring it in to the SRD Office located at 97 S. Maple in Shoshoni
- Or give it to our teacher to put in the SRD box in the Elementary Office

Additional Information

- Mark all of your gear! Bring your swimsuit, a towel, sunscreen and bring your own water bottle!
- If you are going to provide transportation, please let the SRD know.
- If your participant is going to be picked up at the pool after swimming, you must sign out with an SRD staff member. If your participant is to be picked up by another adult, you must notify us beforehand. This is for your child's safety!
- Booster seats are furnished by the SRD. Participants who have not yet had their 9th birthday are required by law to ride in a booster.
- The Star Plunge and SRD are not responsible for lost or stolen items.

Shoshoni Recreation District #24

Phone # (307)876-2663 Phone 2#: (307) 876-2572

Email: shoshonirec24@gmail.com Website: www.srd24.com

Mailing Address: PO Box 356, Shoshoni, WY 82649

Physical Address: 97 S Maple, Shoshoni, WY

Please either mail this form or bring it in to the SRD Office.

SRD is not responsible for fees/registrations not turned directly into the SRD Office.

PLEASE PRINT AND WRITE CLEARLY.



Participant's Name: _____ Age: _____ Sex: M / F

First Last

Participant's Name: _____ Age: _____ Sex: M / F

First Last

Participant's Name: _____ Age: _____ Sex: M / F

First Last

Participant's Name: _____ Age: _____ Sex: M / F

First Last

Parent's/Guardian's Name _____

First Last

Phone #'s _____

Home

Cell

Work

Emergency Contact: (not you) _____

Name

Phone #

Person other than parent allowed to pick-up child _____

(please see disclosure on the bottom of this form)

First

Last

Phone #

I hereby release the SRD #24, Star Plunge and staff/volunteers associated with this organization from any liability while participating in Open Swim at Star Plunge. I further give permission for the above participant to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment. Please visit our website at www.srd24.com for additional registrations. Your picture may be taken while participating in SRD events and used in our publications. Fees must be paid in full before the deadline; refunds will only be granted if the SRD is notified prior to the start of the program.

Signature: _____ Date: _____