

# Lenoir City Parks and Recreation

## Fall/WINTER POOL

### Aqua-Aerobics/Lap Swim Application

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Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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#### **During the Week**

Mondays, Tuesdays, and Thursdays  
2:00pm – 3:00pm

#### **Season Pass**

Available upon request

#### **Per Session**

Water Aerobics - \$4

Lap Swimming - \$3

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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

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#### OFFICE USE ONLY

Payment Received \_\_\_\_\_ Form of Payment \_\_\_\_\_ Date \_\_\_\_\_