

## COGGAN FAMILY AQUATIC COMPLEX LEARN-TO-SWIM REGISTRATION FORM

(Please Print. One child per form)

Participants Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### CLASS INFORMATION

SESSION	CLASS NAME	DAYS	DATES	TIME	PRICE	INS	OFFICE USE	In book

TOTAL AMOUNT DUE \$ \_\_\_\_\_

### METHOD OF PAYMENT

Cash

Check      Check # \_\_\_\_\_

VISA      Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Verification # \_\_\_\_\_

MasterCard      Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Verification # \_\_\_\_\_

*I agree to pay the total amount stated above.*

Cardholder signature: \_\_\_\_\_

### WAIVER OF LIABILITY

In consideration of being allowed to participate in the Coggan Family Aquatic Complex class/activity, I acknowledge and agree that:

1. The Coggan Family Aquatic Family Complex does not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
2. By virtue of participation, participants risk bodily injury including, but not limited to, paralysis, dismemberment, death, and other loss including damage to property.
3. I knowingly and freely assume all such risk for my child and/or myself.
4. I release and hold harmless and promise not to sue the Coggan Family Aquatic Complex, its officers, agents or employee with respects to any and all such injury including but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above names child, or to myself, while participating in the activity.
7. This agreement is binding on my heirs, personal representatives, next of kin, spouse, and assigns.
8. I hereby give permission for the above named child (or myself) to be photographed, videotaped, or recorded for publicity purposes and that I waive all claims of compensation.
9. I certify to the best of my knowledge that my child's (or my) current physical condition is satisfactory for participation in the class/activity, and that he/she (I) am free of any health problems that would effect his/her (or my) ability to participate. Please note: individuals with health conditions such as, but not limited to chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until medical clearance has been submitted. In addition, the coach/instructor must be notified of any health condition prior to participation.

I certify that as a participant or parent/guardian of this participant who is under 18, I consent to his/her (my) waiver and release as set forth above. I realize that participation in this program is voluntary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate whether:      Parent \_\_\_\_\_      Participant \_\_\_\_\_      Guardian \_\_\_\_\_

