

ONISHI-DAVENPORT AQUATIC CENTER COMMUNITY MEMBERSHIP FORM

Please fill this form out in PEN only.
This form must include EVERYONE from the same household.
This form must be filled out in its entirety for access.

PERSONAL INFORMATION:

Last Name :

	Child/Adult?	M/F?	D.O.B:
First Name:			
First Name:			
First Name:			
First Name:			
First Name:			
First Name:			

HOME ADDRESS:

Street Address:

City:

State:	Zip Code:	
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Phone Number:

Email Address:

Alumni: Yes/No	Year Graduated?:	<small>If Alumni, please complete the Alumni Form for free ODAC access</small>
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EMERGENCY CONTACT INFORMATION:

Please provide an emergency contact that is not listed in the "Personal Information" section.

Full Name:

Phone Number:

Relationship:

MEMBERSHIP ACCESS INFORMATION:

	Open Swim	ODAC Programs
0-6 years old	A responsible adult (18+) must be in the water with the child, and they must remain within one arms length from each other	See ODAC Program/Service Guide*
7-9 years old	A responsible adult (18+) must be in the water with the child	See ODAC Program/Service Guide*
10-13 years old	A responsible adult (16+) must be on HMA property.	May participate with an responsible adult 16+ *
14 and older	May swim without an adult present	May participate without an adult present

INFORMED CONSENT/WAIVER/RELEASE OF LIABILITY/AUTHORIZATION:

I, the undersigned, agree and understand that swimming is a hazardous activity, I recognize that there are risks inherent in the sport of swimming, including to, paralyzing injuries and death.

The participant will adhere to all rules and policies pertaining to the Onishi-Davenport Aquatic Center (ODAC) and Hargrave Military Academy (HMA). These include showering before entering the pool area, no running, wearing of swim diapers (if needed), no food or beverages (except water), and no gum.

The participant hereby agrees to participate in ODAC and HMA programs and hereby agrees to indemnify and hold harmless ODAC and HMA its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the ODAC and HMA programs. The participant also agrees to indemnify the ODAC and HMA for any damages incurred arising from any claims, demand, action or cause of action by the participant. The ODAC and HMA assumes no responsibility for any personal property placed in or about the facility.

The patron assumes all financial responsibility for payment of all ODAC and HMA programs and services, and that it is understood that full payment is required before or on the first day of each program or start date of each service. Failure to pay for programs or services within the time frame could result in termination of the membership and access to the ODAC. Any check that does not clear and/or returned will have a \$35 fee attached.

In regards to the participant being under 18 years old, the parent/guardian authorizes any representative of the ODAC and HMA to have the participant treated in any medical emergency during their participation in the ODAC or HMA programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

PHOTOGRAPHS/VIDEO:

I understand that photographs and/or videos are occasionally taken at the ODAC and HMA and that any photograph and/or video taken of me or my child may be used for the ODAC and HMA publicity purposes. If your DO NOT wish for the ODAC and HMA to use photographs and/or video of you or your child for publicity purposes, please initial here:

I have read and accept the general and financial policies as stated here. I understand that by signing this authorization, I am entering into an agreement with HMA and ODAC. I have also read and understood, and I agree with the Informed Consent/Waiver/Release of Liability/Authorization outline above.

Signature (Parent/Guardian):

Printed Name:

Date:

Revised 09/18/2022

STAFF USE ONLY:

Paperwork collected by:

Paperwork checked by:

Paperwork inputted by:

Paperwork filed by: