

ONISHI-DAVENPORT AQUATIC CENTER SWIM LESSON REGISTRATION FORM

Swimmer's Full Name: _____ Swimmer's Preferred Name: _____

Swimmer's Date of Birth: _____ Age: _____

Emergency Contact Information:

First Contact Name: _____ Second Contact Name: _____

Phone Number(s): _____

Relationship to Swimmer: _____

Swimmer's Medical History: Please list any allergies, learning disability, or physical restrictions that we should be made aware of. This will help us adapt our lesson plan to ensure your child can participate to their full potential:

Informed Consent/Waiver/Release of Liability/Authorization:

I, the undersigned, as the parent or legal guardian of the child listed on this application 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 swim lessons and/or programs and hereby agrees to indemnify and hold harmless HMA and ODAC 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 swim lessons and/or programs. The participant also agrees to indemnify HMA and ODAC for any damages incurred arising from any claims, demand, action or cause of action by the participant. HMA and ODAC assumes no responsibility for any personal property placed in or about the facility.

The parent/guardian assumes all financial responsibility for payment of swim lessons and/or programs, and that it is understood that full payment is required before or on the first day of the swim lessons and/or programs. Failure to pay for swim lessons and/or programs as stated above, will result in the child being removed from the swim lessons and/or programs. Any check that does not clear and/or returned will have a \$35 fee attached.

The parent/guardian authorizes any representative of HMA and ODAC to have the participant treated in any medical emergency during their participation in ODAC swim lessons and/or 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 HMA and ODAC and that any photograph and/or video taken of me or my child may be used for HMA or ODAC publicity purposes. If your DO NOT wish for HMA and ODAC 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: _____

Printed Name: _____ Date: _____

