

FOR OFFICE USE ONLY:
REGISTRATION TIME:

PAID WITH CHECK: AMOUNT AND NUMBER _____
PAID WITH CASH: AMOUNT _____

Red Cross Swim _____ **2016 Learn to Swim Program**
& **Adaptive Swim** _____
Registration Form

Child's Name _____
Last First Middle

Home Address _____
Street Zip Code

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Email Address _____

Person having custody of child _____ Custody restraints Y _____ N _____

Person with permission to pick up child other than parents:

1) _____ Relationship to child _____ Phone _____

2) _____ Relationship to child _____ Phone _____

Who may NOT pick up child:

1) _____ Relationship to child _____

2) _____ Relationship to child _____

* * * * *

Please check off the sessions that your child will be attending:

Session 1: July 5 – July 15 _____

Session 2: July 18 – July 29 _____

Session 3: Aug 1 – Aug 12 _____

FOR OFFICE USE ONLY:

Child's Birth date _____

* School attending as of June _____

Grade _____

Last years Ability Level _____

EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

1) _____ Relationship to Child: _____ Phone #: _____

2) _____ Relationship to Child _____ Phone #: _____

Allergies, Nosebleeds, Bites, etc.: [] yes [] no

If yes, please explain: _____

I certify that, to the best of my knowledge, my child is in good health and able to participate in the Red Cross & Adaptive Swim Program. In the event of a medical emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Signature of Parent/Guardian _____ Date _____

Insurance Coverage _____ Policy # _____

PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for _____ to attend the 2016 Red Cross & Adaptive Swim Program and participate in all activities, off site swimming, and other site trips. I have read the 2016 Red Cross & Adaptive Swim flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of telling the story of promoting the interest of 2016 Red Cross & Adaptive Swim Program. I understand that 2016 Red Cross & Adaptive Swim Program is not responsible for the personal property of participants. 2016 Red Cross & Adaptive Swim Program reserves the right to cancel any session or lessons.

REGISTRATION FEE IS NON REFUNDABLE

Name of Parent/Guardian _____ Date _____

Signature _____