



2018 Gold Stars Group Swimming Lessons Registration

Swimmer's Name: _____
(Last) (First) (Middle)

Preferred Name: _____

Parents Name(s): _____

Address: _____

Swimmers Date of Birth: ____/____/____ Age: ____ Gender: M / F

E-mail address: _____

Parent Home Phone: _____ Parents Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Conditions: _____

Please check one best suited to swimmers abilities:

- | | |
|--|--|
| <input type="checkbox"/> No experience in the water | <input type="checkbox"/> Not comfortable in the water, but has had lessons |
| <input type="checkbox"/> Comfortable in pool, but no formal lessons | <input type="checkbox"/> Can swim independently, but not familiar with all 4 strokes |
| <input type="checkbox"/> Not comfortable in water and no lesson Experience | <input type="checkbox"/> Familiar with all 4 strokes |

Additional Comments: _____

Gold Stars Swimming

Release Statement & Indemnification Agreement

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in swimming lessons and hereby agrees to indemnify and hold harmless Gold Stars Swimming its coaches, assistants, volunteers, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the lessons or classes. The participant also agrees to indemnify Gold Stars Swimming for any damage incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Gold Stars Swimming to have the participant treated in any medical emergency during his/her participation in the swimming lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the registration form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

Parents Printed Name: _____

Child's Name; _____

Photos and video are occasionally taken at Gold Stars Swimming. I understand that any images of my child may be used (without names or other identifying information) for Gold Stars Swimming, brochures, website and Facebook page.

___ Yes, you may use photos/video of my child ___ No, you may not use photos/video of my child