

2007 Registration

Learn-to-Swim

Name: _____
(Last) (Preferred Name)

Age: _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip Code:** _____

Parent's Name: _____

Best Phone Number to call: _____

E mail-Address: _____

Has your child taken SwimAmerica lessons before? No Yes (if yes what level? ____)

Session Starting Date: _____ Time: _____

RELEASE / HEALTH FORM

Regarding Participants, please state any current, major illnesses and/or medications: _____
Briefly explain what you have indicated above: _____

For Youth, Children & Infants: I hereby release COM Aquatics, Inc. the staff and/or team representatives from any liabilities for anything that may happen accidentally or otherwise to my child, _____.

I agree that COM Aquatics, Inc. and the sponsors of any COM Aquatics Inc. event, along with employees, agents, officers, and directors of these organizations shall not be liable for any injury, losses or damages occurring as a result of my child's participation except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

I give permission for my child to participate on trips under the authority of COM Aquatics, Inc. As parent/legal guardian I hereby authorize COM Aquatics, Inc. staff and/or team representatives to seek medical and/or surgical treatment for my child as they deem necessary for my his/her safety.

Parent/Guardian Signature: _____ Date: _____

Photo Release

_____ **NO**, please Do Not use my, or my child's photograph(s)/video in any for ANY COM publications.
_____ **YES**, I hereby grant COM Aquatics, Inc., permission to use my, or my child's photograph(s)/video in any & all of its publications & in any & all other media, weather now known or hereafter existing, controlled by COM Aquatics, Inc.

We are unable to offer refunds for any reason. We can however offer a 6-month voucher.

Please do not write below this line:

	Time	Amount	Check #
May 29 – June 7	_____	_____	_____
June 11 – June 21	_____	_____	_____
June 25 – July 6	_____	_____	_____
July 23 – August 2	_____	_____	_____
August 6 – August 16	_____	_____	_____
August 27– Sept 20	_____	_____	_____
Sept 24 - October 25	_____	_____	_____
October 29 – Nov 20 (7)	_____	_____	_____
Nov 26 – December 20	_____	_____	_____

Adult Form 2007 Registration

Learn-to-Swim

Name: _____
(Last) (Preferred Name)

Age: _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip Code:** _____

Best Phone Number to call: _____

E mail-Address: _____

Session Starting Date: _____ Time: _____

RELEASE / HEALTH FORM

Regarding Participants, please state any current, major illnesses and/or medications: _____

Briefly explain what you have indicated above: _____

I, with a full understanding that the programs & exercise of COM Aquatics, Inc. will require moderate physical activity, represent & acknowledge that my physical condition permits me to participate in this program. I further acknowledge that I have been advised that at any time I am having physical difficulty, I will immediately stop that activity & inform the COM Aquatics, Inc. staff. I have volunteered to participate in this program & accept the responsibility, I understand that the possibility of exercise injuries or disorder exist & I acknowledge & accept these risks. I release & discharge, on behalf of myself, my heirs, assigns & successors in interest, all officers, directors, agents, employees, & other representatives of COM Aquatics, Inc. & COM Aquatics, Inc. Insurers, from any & all claims, damages, demands & liabilities arising out of, or in any way related to participation in the aquatic exercise programs, activities, & the use of its exercises, procedures or results attained therefrom.

I fully understand the policies and procedures detailed above and do hereby agree to all terms and conditions of membership in COM Aquatics programs.

Signature: _____ Date: _____

Photo Release

_____ ***NO***, please Do Not use my, or my child's photograph(s)/video in any for ANY COM publications.

_____ ***YES***, I hereby grant COM Aquatics, Inc., permission to use my, or my child's photograph(s)/video in any & all of its publications & in any & all other media, weather now known or hereafter existing, controlled by COM Aquatics, Inc.

We are unable to offer refunds for any reason. We can however offer a 6-month voucher.

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June 11 – June 21	_____	_____	_____
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July 23 – August 2	_____	_____	_____
August 6 – August 16	_____	_____	_____
August 27 – Sept 20	_____	_____	_____
Sept 24 – October 25	_____	_____	_____
October 29 – Nov 20 (7)	_____	_____	_____
Nov 26 – December 20	_____	_____	_____

Returning Swimmers

Summer 2007

	Time	Amount	Check #
May 29 – June 7	_____	_____	_____
June 11 – June 21	_____	_____	_____
June 25 – July 6	_____	_____	_____
July 23 – August 2	_____	_____	_____
August 6 – August 16	_____	_____	_____

Winter 2007

	Days	Time	Amount	Check #
August 27 – September 20	_____	_____	_____	_____
September 24 – October 25	_____	_____	_____	_____
October 29 – November 20 (7)	_____	_____	_____	_____
November 26 to December 20	_____	_____	_____	_____