

# SWIM CENTRAL WATER SAFETY EDUCATION PROGRAM

## PROGRAM REGISTRATION

(Please Print)

THIS FORM MUST BE COMPLETELY FILLED OUT.

<b>Participant's Name:</b>		
<b>Participant's Age:</b>	<b>Date of Birth</b>	<b>Male / Female (circle)</b>
<p><b>In accordance with this Program's grant requirement, please circle one of the following:</b></p> <p>African American    Pacific Islander/Asian    Hispanic    White    Native American    Other _____</p>		
<b>Parent(s)/Legal Guardian(s) Name:</b>		<b>Home/Cell Phone #:</b>
<b>Address:</b>	<b>Work/Cell Phone #:</b>	<b>E-mail</b>
<b>City:</b>	<b>State:</b> FL	<b>Zip:</b>
<b>School Name:</b>	<b>Session Dates:</b>	<b>Session Times:</b>
<b>Name of agency providing lessons:</b>		<b>Name of pool:</b>
<b>Does your child have a diagnosed disability?</b>		<b>Yes      No</b>
<b>If so, what special adaptive equipment does your child require?</b> _____		
<b>Would you like to participate in the SWIM Central evaluation?</b>		<b>Yes      No</b>
<p><b>NOTICE: WAIVER/RELEASE OF LIABILITY</b></p> <p>I, the undersigned do hereby expressly acknowledge that the Program's activities involve risks, and I, on behalf of myself and my minor child/ward named herein as the participant, do hereby voluntarily assume any and all risks such of injury to my person and property, or that of my minor child/ward, which may result directly or indirectly from my and/or my minor child/ward's participation in these activities, including such injuries caused by the negligence of the NCH Healthcare System, the above named municipality/agency and their respective officers, servants, agents and employees. I understand that my personal insurance bears primary responsibility in case of an accident involving myself of my minor child/ward. I, on behalf of myself and my minor child/ward, do hereby voluntarily release, waive, discharge and covenant not to sue NCH Healthcare System and the above named municipality/agency and their respective officers, servants, agents and employees, for any and all claims, liability and causes of action whatsoever which I, my heirs, assigns, or successors may have against any of them by reason of my or my child/ward's participation in the Program's activities, including such claims against NCH Healthcare System and the above named municipality/agency and their respective officers, servants, agents and employees, for damages whether caused in whole or in part by the negligence of NCH Healthcare System and/or the above named municipality/agency. The information relating to water safety education lessons for my child/my ward, may be released to the various state, county and local government agencies.</p>		

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Agency Authorized Representative/Instructor Signature:</b>	<b>Date:</b>

This Program is funded by:

