

Group Swim Lesson Registration Agreement & Waiver

Student's Name: _____ M / F D.O.B: ____ / ____ / ____ Age: ____
Parent's Name: _____
Mailing Address: _____ City: _____ ST: ____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Cell Phone: () _____ Email Address: _____

Please outline any medical conditions/allergies or any restrictions that may interfere with their activity:

Will the MACK (McLeod Activity Center for Kids) be bringing and/or picking up your child to/from lessons? _____

Class Level: (Please circle one)

Aqua Babies Preschool Level I Level II Level III Adult Learn to Swim

Class Days: (Please circle one)

Class Times: _____

Monday / Wednesday

Tuesday / Thursday

Saturdays

Participant: (Please circle one)

Weekdays: \$50 Member / \$65 Non-Member

Saturdays: \$35 Member / \$45 Non-Member

Waiver

1. In consideration of my obtaining membership and or guest privileges for being allowed to use the facilities and equipment of McLeod Health & Fitness Center (MHFC). I waive any right I may have in the future to make a claim against MHFC, its managers, employees, instructors, or agents resulting from ordinary negligence on the part of MHFC and those listed. This waiver extends to any type of personal injury I might sustain in my use of the facilities of MHFC and any theft of personal property of mine lost on the premises. This Agreement shall operate as a release of any liability of MHFC and those listed for any claim that may develop arising out of ordinary negligence in the operation of MHFC.
2. I understand that strength, flexibility and aerobic exercise, including the use of equipment involves risk of injury. I am voluntarily participating in these activities and using the equipment with knowledge of the dangers involved. I assume the risk of injury that might happen to me by using the facilities and participating in the programs of MHFC.
3. I represent to MHFC that I am physically fit to participate in the activities and programs of the MHFC and that I will not extend myself beyond my abilities, or if I do so, it will be at my own risk.
4. I have been informed that I should consult with a physician concerning my participation in an exercise program and obtain from a physician, advice as how I should participate in relationship to my state of physical condition. I have also been informed that I should periodically update my state of physical condition with a physician. I either have obtained such advice from a physician or acknowledge that I have decided to participate in exercise programs without obtaining the advice of a physician.
5. I understand that the waiver and Release of Liability above stated is broad terms. If portions of this Waiver and Release of Liability are held invalid, the remainder will continue in effect.
6. I have read this Waiver and Release of Liability and understand the rights I am giving up by signing it.

Parent / Participant Signature

Date

Payment must be received and Waiver must be signed prior to participation.

Missed classes will not be made up.

Classes that are canceled by instructor will be made up.

Weekday classes that are canceled will be rescheduled for Friday.

Saturday classes that are canceled will be rescheduled for Sunday.

FOR OFFICIAL USE ONLY

Participant's Name _____

M/NM

1. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

2. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

3. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

4. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

5. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

6. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

7. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

8. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

9. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____

10. Class Level _____
Class Days _____
Amount Paid _____

Month _____
Class Times _____
Date Paid _____