

Swim Lesson Registration Form

HealthPlus Fitness Center

CHILD'S NAME _____

BIRTHDATE _____

PARENTS' NAMES _____

PHONE (w) _____ (c) _____

PHONE (w) _____ (c) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

ARE YOU A HEALTHPLUS MEMBER? _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

CLASS: _____

I, _____, hereby certify that I am the parent/guardian of the above named child. To the best of my knowledge the information on this form is correct. My child has permission to participate in all Swim Lesson activities except those noted above. I certify that my child has no medical condition affecting or limiting in any way his or her ability to safely participate.

I assume all responsibility and risk of injury, loss or damage to person or property, by whatever cause (including any act or omission, negligent or other), sustained by the child, arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

I hereby release East Alabama Medical Center, HealthPlus Fitness Center, any parent or affiliated entity, their employees, agents, successors, and representatives from any and all liability for loss, damage or injury to person or property, by whatever cause (including any act or omission, negligent or otherwise), sustained by me or my child arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

I further agree to indemnify and hold harmless East Alabama Medical Center, HealthPlus, any parent or affiliated entity, their employees, agents, successors, and representatives from and against any and all claims for loss, damage, or injury to person or property by whatever cause (including any act or omission, negligent or otherwise) sustained by my child or any other person, arising out of or relating to his or her presence at the Center or participation in the Swim Lesson program.

HealthPlus Fitness Center may produce/reproduce any photographs, slides/videos taken of us/our child/children for publicity purposes. Signature and fee payment required before registration can be processed.

Parent/Guardian Signature _____ Date _____