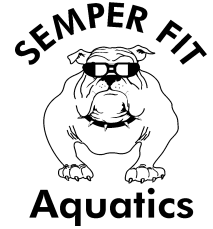


Swim Lesson Registration



Participant Information

Participant Name: _____ AGE: _____ M / F

Parent/Guardian Name: _____ Rank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Alternate Phone: _____

Email Address: _____

Medical Information:

Does the participant have any medical condition or taking medication of which the instructor should be aware? (Example: diabetes, seizures, ADHD, etc.) _____

Are any reasonable accommodations needed? _____

Initial _____ To my knowledge, this participant is medically qualified to participate in MCCA Cherry Point Aquatics Swim Lessons.

Directions: Fill in the preferred course selected and provide an alternate. In the case of your first choice class being full, you will be placed in the second choice class listed. If both classes are full, then we will not be able to place you during this session. **For a list of courses please view our Learn-to-Swim brochure.**

Preferred:	
Course Name:	Course Time:
Alternate:	
Course Name:	Course Time:

Fees:

Each session is \$50.00 per person. A session is eight - 30 minute classes. Parent & Child class is only charged for the child.

Level Description:

For explanations about each swim level download the American Red Cross swim app: Red Cross Swim App or visit their website: redcross.org/swimming.

Please sign Hold Harmless Agreement and initial Photography & First Aid Release on back of page.

Parent's signature required for all participants less than 16 years of age



WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

UNITED STATES MARINE CORPS

FOR ALL CLASSES AND RECREATION SWIMMING AT MCCS CHERRY POINT POOLS.

In consideration of the privilege of using the MCCS Semper Fit pools for recreation swimming or classes at Cherry Point, North Carolina, and further recognizing the voluntary nature of my participation in this event, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I may have against any of the following persons or entities: the United States of America; the Department of Defense; the Department of the Navy; the United States Marine Corps; Marine Corps Air Station, Cherry Point, North Carolina; any and all individuals assigned to or employed by the United States, including but not limited to the Secretary of Defense; the Secretary of the Navy; the Commandant of the Marine Corps; Commanding General, Marine Corps Air Station, Cherry Point, North Carolina; in both their official and personal capacities; any medical support personnel assigned thereto; and these persons' or entities' representatives, successors, and assigns, for any injuries and/or death resulting from my participation in the activities comprising the aforesaid event; as well as any use by me of any Marine Corps Air Station, Cherry Point, North Carolina, or government equipment or facilities in conjunction with and furtherance of such participation by me. I VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH USING THE POOLS, TO INCLUDE THE RISKS OF SLIPPING AND FALLING ON WET SURFACES, OR DROWNING WHILE SWIMMING IN THE POOL. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE ACTIVITIES AND AGREE TO HOLD THE UNITED STATES HARMLESS FOR ANY RESULTING INJURY AND/OR DEATH. I understand that this waiver of liability/assumption of risk agreement shall remain in effect until notice of cancellation is received by the Commanding General, Marine Corps Air Station, Cherry Point, North Carolina. I understand that, should I decline to execute this agreement, I will not be permitted to enter the MCCS Semper Fit pools.

Initial _____ I hereby consent that photographs of me or my child taken by Cherry Point Aquatics may be used by MCCS for the purpose of illustration, advertising, or publication in any manner.

Initial _____ I hereby give permission for my child to be administered first aid and CPR/AED treatment as deemed necessary by qualified staff while participating in MCCS Cherry Point Aquatics Swim Lessons.

(Signature of Witness) (Date)

(Witness is MCCS Aquatics staff personnel only)

Print Name

Signature

If under 16 - Parent/Guardian signature on behalf of:

(Name of Minor)

Date: _____