



## **Novice Program REGISTRATION PACKET Fall 2021**

Thank you for your interest in the Kachemak Swim Club's Novice Program. This is your registration packet where you will find your registration along with other forms to fill out and sign. If you have any questions, please contact our Susan Darr at [kachemakswimclub@gmail.com](mailto:kachemakswimclub@gmail.com) or 907.299.3120.

Please read through the information you have received and check to see if you have completed the following:

- Complete and sign the Registration & Medical Release Form and select classes for Session 1 and/or Session 2
- Complete the USA Swim Flex Registration Application *\*If you completed this application during the summer session, you do NOT need to fill it out again.*
- Sign the Waiver/Release of Liability Form
- Sign the Photo Release Form
- Submit payment with check, along with your Registration & Medical Release Form, USA Swim Flex Registration Application, Waiver/Release of Liability Form, Photo Release Form. If you would prefer to pay with credit card, please contact Susan Darr.
- Once registered, KSC will notify you to verify your email and cell number for communication with KSC coaches. *\*Cell number will be used for texting communication from the coach. Please make sure you verify your cell number.*

**Completed applications may be dropped into the KSC slot at the front of the pool registration desk.**

QUESTIONS? PLEASE CONTACT Susan Darr, at [kachemakswimclub@gmail.com](mailto:kachemakswimclub@gmail.com) OR 907.299.3120



## Novice Program Registration & Medical Release

**Swimmer 1:** \_\_\_\_\_  
First Middle Last

Swimmer's Birthdate: \_\_\_\_\_ Age Today: \_\_\_\_\_  Male  Female

Most recent class (if known): \_\_\_\_\_

**Swimmer 2:** \_\_\_\_\_  
First Middle Last

Swimmer's Birthdate: \_\_\_\_\_ Age Today: \_\_\_\_\_  Male  Female

Most recent class (if known): \_\_\_\_\_

**Swimmer 3:** \_\_\_\_\_  
First Middle Last

Swimmer's Birthdate: \_\_\_\_\_ Age Today: \_\_\_\_\_  Male  Female

Most recent class (if known): \_\_\_\_\_

**Swimmer 4:** \_\_\_\_\_  
First Middle Last

Swimmer's Birthdate: \_\_\_\_\_ Age Today: \_\_\_\_\_  Male  Female

Most recent class (if known): \_\_\_\_\_

Parent(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information**

Doctor/Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Release: In the event that I am unable to be reached in an emergency situation, I grant permission for KSC coaches or adult chaperones to seek emergency medical care for my above-named children.

\_\_\_\_\_  
Signature(s) Date

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**Fall 2021 Schedule**

Select the classes below that you would like to register for.  
\*Add \$20 for USA Swim Flex membership – yearly fee per swimmer

**Session 1: September 13 – October 21 (12 Lessons)**

**Alevin: Learn to Swim**

- Early group: Tuesday and Thursday 3:00-3:30 PM (cost: \$120)
- Later group: Tuesday and Thursday 3:35-4:05 PM (cost: \$120)

**Fry: Advance Learn to Swim**

- Early group: Tuesday and Thursday 3:00-3:30 PM (cost: \$120)
- Later group: Tuesday and Thursday 3:35-4:05 PM (cost: \$120)

**Parr: Freestyle and Backstroke school**

- Monday and Wednesday 3:15-3:45 PM (cost: \$120)

**Smolt: Butterfly and Breaststroke school**

- Monday and Wednesday 3:15-4:00 PM (cost: \$140)

**Session 2: October 25 – December 9 (11 or 12 Lessons)**

\*No lesson November 11 (Veterans Day)  
\*No lessons November 22-28 (Thanksgiving week)

**Alevin: Learn to Swim**

- Early group: Tuesday and Thursday 3:00-3:30 PM (cost: \$120)
- Later group: Tuesday and Thursday 3:35-4:05 PM (cost: \$120)

**Fry: Advance Learn to Swim**

- Early group: Tuesday and Thursday 3:00-3:30 PM (cost: \$120)
- Later group: Tuesday and Thursday 3:35-4:05 PM (cost: \$120)

**Parr: Freestyle and Backstroke school**

- Monday and Wednesday 3:15-3:45 PM (cost: \$120)

**Smolt: Butterfly and Breaststroke school**

- Monday and Wednesday 3:15-4:00 PM (cost: \$140)

ALL FEES PER SWIMMER	
Class Fee	\$ _____
USA Swim Flex Fee	\$ <u>20.00</u>
TOTAL (per swimmer)	\$ _____
TOTAL (x ___ swimmers)	\$ _____



## **Novice Program Photo Release**

During the year, KSC/Novice Swim Program may be writing about, photographing, or videotaping members participating in KSC/Novice Swim Program activities. These photos are used in KSC/Novice Swim Program newsletters, brochures, bulletin boards and press releases.

Please complete the form below to grant or refuse permission to include your child's name and photo in KSC/Novice Swim Program media.

Oftentimes, reporters and photographers from local newspapers visit KSC/Novice Swim Program activities. Although KSC cooperates with media, KSC is not responsible for photographs taken and used by these papers. If you have questions, please contact a member of the Kachemak Swim Club Board of Directors.

PLEASE CHECK ONE:

- \_\_\_\_\_ I grant permission for my child's/children name(s) and/or likeness to be used in KSC media.
- \_\_\_\_\_ I do NOT grant permission for my child's/children name(s) and/or likeness to be used in KSC media.

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Parent Signature(s)

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Date



## WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.*

*THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, the undersigned participant and parent/guardian request voluntary participation for a minor to participate in the events, which are hereinafter referred to as the “activities” sponsored by the Kachemak Swim Club.

I consent to my/minor’s participation in the activities and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

### **Release – Minor’s Rights:**

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless the Kachemak Swim Club, the coaches and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Print name of minor)

\_\_\_\_\_  
(Signature of minor)

\_\_\_\_\_  
(Date)

### **Release – Parents’/Guardians’ Rights:**

In consideration of allowing Minor Participant to participate in this event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the even such care is required.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

### **Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

