SOLO Learn-to-Swim

2018-2019

Participant Information

Participant Name: _____ Birth Date: _____ Sex: _____

Participant Name: _____ Birth Date: _____ Sex: _____

Participant Name: _____ Birth Date: _____ Sex: _____

Participant Name: _____ Birth Date: _____ Sex: _____

Participant Name: _____ Birth Date: _____ Sex: _____

Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Mobile: _____
E-mail Address: _____

Emergency Information
Parent/Guardian Name: _____
Secondary Emergency Contact: _____
Telephone: _____ Mobile: _____ Relationship: _____

Medical Information
Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures) Circle one: Yes No
If yes, please explain: _____

Fee Information
8 week session: $100
Please make checks payable to: **M. F. Swimming, LLC**
**10% Discount for multiple children*

Photo Release
I _____ authorize/____do not authorize my child to be photographed by a member of Solo Aquatics and used for advertisement of said program on websites and/or printed materials.

Liability Release

I agree to have my child participate in the program and hereby agree to indemnify and hold harmless M.F. Swimming, LLC, Solo Aquatics, Haverhill High School, its coaches and officers, directors, agents and employees against any liability resulting in any injury that may occur to the participant while participating in the program. The participant agrees to indemnify Solo Aquatics for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of SOLO to have the participant treated to any medical emergency during their participation in the program. Further, the participant and or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have carefully read the above liability release and sign it with full knowledge of its content and significance.

_____ _____ _____
Parent/Guardian (Signature) Parent/Guardian (Please print) Date