

Hamilton Aquatic Club, Inc.

www.hamiltonaquatics.com

HAC Swim School

Mondays – Sept.27, Oct. 4, 11, 18, 25, Nov.1, 8

Or

Thursdays – Sept.30, Oct. 7, 14, 21, 28, Nov.4, 11

Mercer County Community College

Ages 4 to 12

Non-Swimmers and Beginners

Time 4:45pm – 5:15pm

Fee: \$105.00

Space is Limited!

HAC Swim School Registration Form

Name _____ Age _____ Phone Number _____

Address _____

E-Mail _____ Parent(s) _____

Please Print Clearly – one that you check often

Confirmation will be made by phone

Swimming Ability Non-Swimmer _____ Can swim short distance _____

Please return registration by Sept 20, 2010

Nancy Shapiro

13 Gerard Rd, Hamilton, NJ 08620

609-585-1014

Make checks payable to HAC, Inc.

CONSENT AND GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

**Hamilton Aquatics Club
20 Birchwood Ct.
Princeton Jct., NJ 08550**

I, the parent/legal guardian of _____ do hereby give my approval of his/her participation in the HAC Swimming Program to be held from Sept. 27, 2010 to Nov. 11, 2010.

I, _____, do hereby state that I am at least 18 years of age and I wish to participate in the HAC Swimming Program to be held from Sept. 27, 2010 to Nov. 11, 2010.

I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify, and hold harmless the HAC, the organizers, sponsors, supervisors, volunteers, and officials, their agents, representatives, assigns or pool facilities. I hereby waive all claims against HAC, the organizers, the sponsors, supervisors, volunteers, officials, their agents, representatives, assigns or pool facilities, for any injury to myself if I am at least age 18, / or to my child (as applicable) for any loss due to theft of or damage to my personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the event organizers and the conduct of this event.

I further state that there is no medical condition which I/my child, _____, has that would prevent him/her from participating in this event.

Signature of Parent or Guardian (or participant if age 18 or over)

Date

Printed Name