**“Greater Columbus Swim School”**



**2017.2018 PROGRAM APPLICATION**

**NOTE THAT THERE IS NO OPEN SWIMMING FOR PARTICIPANTS OR THEIR FAMILY MEMBERS AT ANY OF OUR FACILITIES. NO ONE IS TO BE IN THE POOL UNTIL THEIR INSTRUCTOR ARRIVES AND CLASSES BEGIN.**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer's Name - Last                      First                        Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address                                                        City                                       State          Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone                           E-Mail                             Birthdate         Age      Gender

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants in this program are requested to obtain physicians clearance for this activity. Sole responsibility for doing so rests with the individual completing this form. Your signature on this form releases the Team, its management, ACE Inc. and the Facilities from any liability in relation to this request. In case of emergency, please notify:

1 - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     Name                                     Telephone #                      Relationship

This is registration into the Greater Columbus Swim Team of Ohio's (GCSTO) instructional program series, "Greater Columbus Swim School", which is owned and operated by Aquatic Consultants Enterprises, Inc. (ACE). Please read the following statements and sign below.

I understand that swimming is a hazardous activity. I recognize that there are risks inherent to this activity including, but not limited to, paralysis and death. I, and the participant, agree to abide by the Constitution, Rules, By-Laws, Decisions and interpretations of ACE Inc, the instructional staff, the Columbus Academy, the Canal Winchester Municipal Pool, Columbus Sports Club, the Gahanna Swimming Pool, Hunter’s Ridge Swim Pool, the North Orange Park Aquatic Center, the Plain Township Aquatic Center, the St. Charles Preparatory School, the Wyandotte Athletic Club or any other facility in which programming may operate for the duration of this contract. I grant permission for ACE Inc. and the Instructional Staff to authorize any necessary medical attention to the above named participant in case of accident and my absence. I hereby give my consent for the above named participant to engage in any and all program sessions for 1 year past the date this application is signed as shown below. I release and hold harmless ACE Inc., the instructional staff, all GCSS facilities in which programming may operate and their Management (coaches, instructors, officers, directors, agent contractors & employees) for the duration of this contract against liability resulting from injury or sickness that may occur to the participant while participating in this program. I, and the participant, also agree to indemnify and hold harmless all named entities for any damages incurred arising from any claims demanded.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature/Adult Swimmer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrations Mail To: GCSS \* Attn: Erin Harris \* P.O. Box 30483 \***

**Gahanna OH 43230 614-582-2597** [**erinharris.gcss@gmail.com**](mailto:erinharris.gcss@gmail.com)

***This application expires one year from the date of signing.***