**Napoleon Aquatic Club – Learn To Swim Program**

**Registration, Release of all claims, and emergency medical authorization -2016 Summer Season**

**Member’s Legal Name – Last, First, MI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address – Street, City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lesson Session Preferred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class A or B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned, parent/guardian do hereby give permission for my child to participate as a member of the Learn To Swim Program conducted by the Napoleon Aquatic Club and take part in all of its activities. It is the understanding and agreement of the parent guardian that no liability for possible injury or damage is to be placed upon the Napoleon Aquatic Club or its instructors. In consideration of the supervision, direction and support of themselves as parent/guardian and for the participating minor and their heirs and legal representative, release and forever discharge the Napoleon Aquatic Club and its instructors from all claims, demands, rights and causes of action, of whatever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen, damages and injuries, including, personal injuries, that may be sustained by the minor in consequence of his her participation as a member of the Learn To Swim Program conducted by the Napoleon Aquatic Club.

In the event reasonable attempts to contact below parent/guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring on a necessity for some surgery, are obtained prior to the performance of such surgery

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACTS CONCERNING YOUR CHILD'S MEDICAL HISTORY including allergies (environmental, food, medicine,), medication being taken, and physical impairments to which a physician should be alerted in case of an emergency.

Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Swimming Background:**

Does the child have a fear of the water? Y N ?

Is the child afraid to place their head underwater? Y N ?

Can the child float? Y N ?

Does the child have any previous swimming experience (private lessons, red cross, etc)? If Yes, please explain below: Y N ?

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Any other relevant information about the child and their swimming background:

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