

HALLETT CENTER OF CROSBY PROGRAM REGISTRATION FORM

INFORMATION

Participant Name: _____ Youth ____ or Adult ____

If youth, Parent Name: _____ Member ____ yes ____ no

Youth Age ____ : DOB ____/____/____ : Male/ Female: Shirt Size: XS S M L XL (circle one)

Allergies/Special Conditions: _____

Mailing Address: _____
 _____ City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Emergency Contact & Phone #: _____

PROGRAM REGISTRATION:

NAME OF PROGRAM	AGE/LEVEL, if YOUTH	AMOUNT PAID
PRIVATE/GROUP SWIM LESSONS--TIME _____ DATES: _____ _____		Total Due _____

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Hallett Center of Crosby Registration Form

Liability Release

I acknowledge and understand that participating in the selected activity and using the Hallett Center equipment creates a risk of injury for my child. In consideration for participating, I agree to defend and indemnify the Hallett Center, its employees and agents from all claims for damages arising out of my child's use of Hallett Center and his/her participation in Hallett Center programs. I further waive all claims against the Hallett Center, its employees and agents for cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of Hallett Center facilities and equipment. Participants registering hereby permit the taking of photos, audio, and videotape during the Hallett Center of Crosby activities for publication and use as the facility seems appropriate.

Emergency Medical Authorization

I give the Hallett Center of Crosby permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Hallett Center. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the Hallett Center to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

Cancellation and Refund Policy

Classes/services require a 24 hour cancellation via phone/email unless otherwise stated. Failure to notify of cancellation in a timely manner may result in the surrender of participation spot or service being provided. The Hallett Center may close any part, or all, of the facility at any given time with or without notice. During the duration of any closure, you may be responsible for the full amount of your dues and fees. These situations will be handled by the management on a case by case basis.

X _____
Signature _____ Date _____

X _____
Signature of Parent or Guardian (Youth Programs Only) _____ Date _____

Additional Person(s) Authorized To Pick Up Your Child

***Your child will not be released to anyone else unless permission is given in writing by you, adults picking up your child may need to show a Photo ID)*

Name _____ Phone _____

Name _____ Phone _____

Payment Received \$ _____

Date Received _____

Staff Initials _____