



Swimming Lessons 2024 Registration Form

Child's Name: _____

Date of Birth: _____ (must be 4+)

Parent's Name: _____

Phone Number: _____

Mailing Address: _____

Email: _____

Level: _____ Preferred Time: _____ (Level 3&4 weekday and weekend time)

Monday/Wednesday

Saturday

All Levels: 4:00,5:00,6:00PM

Levels 3&4: 8:30, 9:30, 10:30AM

6 Lessons, Begins September 30th

Please answer the following questions:

Yes No

- Has your child's doctor ever said he/she has heart trouble?
Does he/she often feel faint or have dizzy spells?
Does your child have bone or joint problems that may be aggravated by exercise?
Does your child have seizures, epileptic or other that we should be aware of?
Does your child take any medications? If yes, please list them:
Does your child have allergies? If yes, please list them:
Is there any good physical reason not mentioned here why your child should not follow any exercise, activity and/or program?

The undersigned parent/guardian agrees to abide by the guidelines and policies of the Hallett Center of Crosby (HCC) including the completion of the above medical questions. Failure to abide by the guidelines and policies of the Hallett Center of Crosby may be grounds for expulsion for any use of its facilities and/or programs as well as to provide restitution for any and all damages to HCC property that the child(ren) under their care may be responsible.

The undersigned parent/guardian agrees that all use of HCC's facilities, services and programs shall be undertaken at their child's or child in their care's sole risk, and that HCC, the City of Crosby, Health Fitness Corporation (HFC), and each of their directors, officers, agents, shareholders partners and employees shall not be liable for any injuries, accidents or deaths occurring to their child or the child in their care, either directly or indirectly out of utilizing HCC facilities, services and programs. The parent/guardian, by signing this waiver, acknowledges that by participating in athletic, recreational, swimming or waterslide activities, their child or the child in their care presents him/herself with the possibility of injury simply due to the nature of the activities. The parent/guardian, for himself/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, and relinquish not to sue HCC, the City of Crosby, HFC, their officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to sue of HCC's facility, services and programs.

After reviewing this form, HCC Management will call parent or guardian if any changes need to be made to the schedule or time selected due to number of participants in the select time block.

CHILD MUST BE TOILET TRAINED AND USE INDEPENDENTLY

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Payment Check _____ Card _____

\$125.00