

The Association for Individual Development Keeler Center –Program Registration Form

www.the-association.org

House-hold Information

Is this a new address or telephone number? Yes No

Head of House: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent and Emergency Information

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

Are there any special needs/disabilities and/or are restrictions/precautions that should be taken while swimming? No Yes Please explain: _____

Program Registration

Is the Participant currently enrolled? Yes No

Instructor for Private Lessons Request: _____

Choice	Participant Name	Class/Level	Date of Birth	Day	Time	Total
First						
Second						
Choice	Participant Name	Class/Level	Date of Birth	Day	Time	Total
First						
Second						
Choice	Participant Name	Class/Level	Date of Birth	Day	Time	Total
First						
Second						
Would you like to donate to Special Olympics?			If yes, amount are you donating			
Would you like to donate to Keeler Programs?			If yes, amount are you donating			

(Please Circle) Cash or Check Check# () Total Fees: _____

Waiver – Please sign and read

WAVIER FOR PARTICIPATION: As a participant in a Keeler Pool program at the Association for Individual Development I recognize and acknowledge that there are certain risks of personal injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my child may sustain as a result of participating in any and all activities connected to or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Association for Individual Development and its officers, agents, servants, and employees.

I do hereby fully release and discharge The Association for Individual Development and its officers, agents, servants and employees from any and all claims from injuries, including death, damage, or loss which I or my child may accrue on account of participation in the program. I further agree to indemnify and hold harmless and defend the Association for Individual Development and its officers, agents, servants, and employees from any and all damages and losses sustained by me or my child and arising out of, connected with, or in any way associated with the activities of the program.

PHOTO RELEASE: Unless otherwise indicated in writing at the time of registration, photographs and video tapes maybe taken of participants in programs and special events and used for Association publicity.

Participant's or Guardian's Signature (If under 18 years old) _____

Date. _____