KEELER CENTER POOL REGISTRATION FORM

Household Information

Head of House:_____

Address:_____

City, State, Zip:_____

Is this a new address? (circle one) Yes No

Home Phone: _____ Work / Cell Phone: _____

Parent and Emergency Information

Mother's Name: _____ Work / Cell Phone: _____

Father's Name: _____ Work / Cell Phone: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

Does the participant have any special needs / disabilities, or are there any restrictions / precautions that should be taken while swimming? If yes, please explain: _____

_____

Program Registration (please make a copy if registering more than two participants)

Participant Name:_____ Date of Birth: _____

1st choice: _____
Class / Level Day Time Fee

2nd choice:_____
Class / Level Day Time Fee

Participant Name:_____ Date of Birth: _____

1st choice: _____
Class / Level Day Time Fee

2nd choice:_____
Class / Level Day Time Fee

Payment Information

Total registration fees: $_____

I'd like to include a donation to AID's Keeler Center programs: $_____

I'd like to include a donation to AID's Special Olympics programs: $_____

Total payment enclosed: $_____

Payment method: (check one)

_____ Cash

_____ Check (#)

Please read and sign the following waiver for participation:

As a participant in a Keeler Pool program at the Association for Individual Development (AID) 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 AID and its officers, agents, servants, and employees. I do hereby fully release and discharge AID 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 AID 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 publicity purposes.

Participant / Guardian signature (if under 18 years old):_____ Date. _____