

Scenic Hills Recreation Center

Swim Lesson Registration

Student's Name _____

Age _____ Gender _____ D.O.B. _____

Guardian _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Relationship _____ Phone _____

Has the student ever taken swim lessons before? _____

Is the student afraid of water? _____ Any drowning or accidents? _____

Does the student have tubes in his/her ears? _____

Any learning disabilities? _____ Speech impediment or disability? _____

MEDICAL CONCERNS

(please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms with SIGNATURE below.

_____ ADA Policy (REQUIRED): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ Waiver for Medical Treatment (REQUIRED): In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize the SHRC to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

_____ Waiver for Participation (REQUIRED): I understand that SHRC activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the SHRC, the organizers, volunteers, supervisors, officers, directors and participants from any claims or injury sustained during my use of the facilities or participation in the SHRC program.

_____ Waiver for Photo / Video / Audio Release (OPTIONAL): I give my consent for any photos, video and/or audio taken of me and/or my child involved in SHRC programs to be used for SHRC promotions, trainings and/or displays.

_____ Change / Cancellation / Refund Policy (REQUIRED): I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the aquatics director. Unused sessions are nonrefundable; however, they are transferable to another SHRC member for private swim lessons upon your approval or for participation in a future aquatics program. Classes cancelled due to weather will be rescheduled if less than 10 minutes of the lesson took place. There is a 24-hour cancellations policy for the day of a lesson. You must contact the aquatics coordinator at (901) 308-0777. Day of cancellations cannot be handled at the Member Services Desk. If the participant is more than five (5) minutes late for a session or does not show up, the participant will still be charged for that scheduled lesson.

_____ Additional Notes (REQUIRED): The SHRC reserves the right to cancel this lesson due to unforeseen circumstances. Classes will be rescheduled if needed. All non-potty trained children must wear a swim diaper and swim liner, which can be purchased at the Member Services Desk. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Scenic Hills Recreation Center by Afs Inc. at (901) 308-0777.

By signing below, I agree that I have read and understand all of the above information as it relates to Scenic Hills Recreation Center by Afs Inc. aquatics programs.

Parent / Guardian Signature _____

Date _____