



## Summer Camp Registration Form

BETTY KELLY-KENNING AQUATIC CENTRE  
Performance   
School of Strokes

WINDSOR SCHOOL @ OLD FORT BAY  
Performance   
School of Strokes   
Learn to Swim

### Part A: Swimmer Information

Name: First Middle Last Sex: Male Female

Date of Birth: (MM/DD/YY) Country of Birth Country of Citizenship

Street Address Postal Address Tel: (H) Tel: (C)

Please indicate whether swimmer has any medical/physical disability or cognitive impairment e.g. Visual impairment, mobility impairment, epilepsy, autism

### Part B: Parent/Guardian Information (Applicable if Swimmer is under 18 Years)

Mother/Guardian	Father/Guardian
Surname:	Surname:
Given Names:	Given Names:
Place of Employment:	Place of Employment:
Tel: (H)	Tel: (H)
Tel: (W)	Tel: (W)
Tel: (C)	Tel: (C)
Email:	Email:

Name and phone number(s) of person(s) other than those listed in **Part B** allowed to pick up child

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Coach. All information will be kept confidential.

Parent/Guardian Signature

Date



### **Alpha Aquatics -Waiver/Release of Liability**

I, the undersigned member/ parent/guardian consent to/for my son/daughter/charge, a minor, to participate in the events, which are hereinafter referred to as the “activities” sponsored by the Alpha Aquatics. I consent to my/my minor’s participation in the activities and acknowledge that the I/ my Minor Participant fully understand(s) that my/his/her participation may involve risk of serious injury, including losses which may result not only from my/my minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my/my minor’s participation with the activity coordinators and /or coaching staff, before I sign this document and before any activities begin.

In consideration of allowing me/Minor Participant to participate in the activities, I hereby release and hold harmless Alpha Aquatics, the coaches and members of its Executive Council, officers, employees, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I/Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my/his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I understand that whilst the coach and/or assistant in charge of Alpha Aquatics will take all reasonable care of swimmers, they cannot be held responsible for any loss, damage or injury suffered by me/Minor Participant whilst travelling to or from, or taking part in any club activities.

In consideration of allowing me/Minor Participant to participate in any event hosted or sponsored by Alpha Aquatics, I /Minor Participant hereby release(s) and hold(s) harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I/Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising from my/Minor Participant’s participation in the activities. I / Minor Participant also agree(s) that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that I/Minor Participant am/is in good health and have/has no physical condition that would prevent participation in this activity. Furthermore, I/ Minor Participant agree(s) to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I/ Minor Participant consent(s) to any emergency medical treatment that may become necessary during the course of any authorized club activity. I understand that, save for emergency treatment, in the case of any minor swimmer; it is the responsibility of the parent/guardian responsibility to ensure that any necessary medication relating to any medical condition is administered and that no club official is responsible for the administration of any drug/medication.

I/the undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from my/Minor Participant’s participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Release and is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction in which the event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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Name of Member/Parent/Guardian

Signature of Member/Parent/Guardian

Date: