

2019 Aquatics Swim Lesson Registration

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ PHONE #: _____

I hereby give my permission for the above named child to participate in the City of Dinuba Swim Lessons. I agree to assist him/her in attending all lessons.

I furthermore waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which the above named child or I may have or which hereafter accrue to the above named child or myself, against the city as a result of the above named child's participation in the Dinuba aquatics program. I hereby authorize the use of photographs in the promotion of activities. I acknowledge that these photographs could also be used in such non-commercial promotional materials as brochures, flyers, newsletters, annual reports, audio visual presentations, and on the web sites of City of Dinuba, sponsoring companies, partnership and beneficiary organizations. In addition, I understand that these photos could also be shared with external media organizations, such as newspapers and television stations, to further promote the City of Dinuba programs.

This release is intended to discharge the city, its agents and employees, individuals affiliated with this program, and any other involved municipality or public entities from and against any and all liability arising out of or connected in any way with the above named child or my participation in the program, even though that liability may arise out of the negligence on the part of persons or entities mentioned above. **I further understand that accidents and injuries can arise from my participation in the swim lesson/class, such accidents & injuries may include, but are not limited to, irritated eyes, ear aches, pulled or strained muscles and any and all injuries associated with increasing my heart rate. However, knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above who (through negligence) might otherwise be liable to the above mentioned child or me (or the above named child's or my heirs or assigns) for damages.** It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on the above named child's heirs and assigns.

Signature of parent or guardian ****I HAVE READ THE WAIVER**** Date

Fee is \$33 per participant, per session.

Swim Lesson Refund Policy

Cancellations or changes must be made no later than 12:00pm the Wednesday before the lesson begins to be eligible for a refund. A \$8 processing fee will be assessed on all eligible refunds per participant, per program (fee waived for medical reasons, with medical report)

Cancellations or changes not occurring within this time frame will not be eligible for a refund. The only exception will be for a medical reason, in which case a valid medical note must be presented to receive a refund or credit. Valid medical injuries or emergencies occurring during a swim session will be pro-rated.

Swim lesson transfers/credits must be made no later than 5:00pm the Friday before a new session, upon availability. All transfers/ credits only apply to 2018 aquatics sessions.

No changes will be accepted after this time.

****I HAVE READ THE REFUND POLICY**** (Initials) _____

Office use only

Taken by: _____ Emergency Card: _____

Date: _____	Session: _____	Level: _____	Time: _____	Receipt #: _____	Pmt. Method _____
Date: _____	Session: _____	Level: _____	Time: _____	Receipt #: _____	Pmt. Method _____
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