

Date: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**TRUE / FALSE**

1. Running is NOT allowed. T / F
2. Rough play is allowed as long as it's in the water. T / F
3. You should NOT sit on the lane lines. T / F
4. It's ok for you to open the skimmer lids. T / F
5. It's ok to rinse off your shoes in the pool. T / F
6. Diving is NOT allowed. T / F
7. No spitting or blowing nose in the pool. T / F
8. Jumping from the starting blocks is allowed. T / F
9. Diving from the starting blocks is allowed. T / F
10. Everyone must take a shower before entering the pool. T / F
11. It's ok to hang or sit on the lane lines. T / F
12. You should never swim alone. T / F
13. Do NOT enter the pool if you are sick, have any infections, or have open cuts. T / F
14. Rafts are allowed in the pool. T / F
15. Report all accidents to the lifeguard. T / F
16. Do NOT swim through lane lines. T / F
17. It's ok to run if you are careful. T / F
18. No glass is allowed in the pool or on the pool deck. T / F
19. If you need the bathroom, use the locker rooms. T / F
20. Holding your breath for long periods of time is NOT allowed. T / F

**Swimmer:**

I understand all of the rules and promise to follow them. I am aware of the consequences should I fail to follow the rules while using the I'On Club's pool. I also understand that I will need to bring my swim card with me to gain entry into the pool without supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:**

I, \_\_\_\_\_ hereby authorize my child, \_\_\_\_\_, to use the I'On Club pool facility without my supervision. While my child is on I'On Club property, I grant the lifeguards on duty or any other I'On Club staff member full capacity to treat or make any medical decisions for my child should any medical emergencies occur. I hereby waive and release any and all rights and claims for damages I or my child may have against the I'On Club and its representatives, successors, and assigns for all injuries suffered by myself or my child at any activity sponsored by I'On Club. I also understand that the I'On Club employees have the right to revoke this privilege at any time for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



- Completed written test, scoring at least 80% correct
- Completed 2 lengths, swimming without assistance and without stopping
- Completed 2 minutes of treading water

Pass / Fail: \_\_\_\_\_

Test Given By: \_\_\_\_\_ Date: \_\_\_\_\_

