

Fees Paid	Method of Payment	Staff Initial	Date Paid
-----------	-------------------	---------------	-----------



Summer Swim Team Prep Program

2020 Registration Form

Name of Child _____ Sex _____ Age _____ Date of Birth _____
 Address _____ City _____ Zip _____
 Mother/Guardian's Name _____ Father/Guardian's Name _____
 Home Phone _____ Mom Cell _____ Dad Cell _____
 Email _____ Alternate Email _____
 Emergency Contact/Phone/Relationship _____
 Any medical information/condition(s) the I'On Club and/or coaches should know _____

Program runs Tuesday, March 31 through Thursday, April 30

Tuesdays and Thursdays @ 5:00-6:00pm

MEDICAL AND FEE AGREEMENT: I understand the fee must accompany this application and is non-refundable, except for verified medical reason approved by the Aquatics Director. **Parent/Legal Guardian's Initials** _____

WAIVER OF LIABILITY: I fully assume and understand the risks of myself or my child participating in the summer swim team program including death or injury due to falls, collisions with other participants or spectators, obstructions, sudden illness and all other risks. I attest that myself or my child is physically fit to participate. I authorize program staff to provide medical attention at my expense should myself or my child appears in need. For injuries myself or my child sustain, including death, I agree to save and hold harmless the I'On Club, volunteers, program staff, suppliers, contractors, and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from myself or my child's participation in the program or the instruction received.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE I'ON CLUB FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the I'On Club, its directors, officers, employees, and agents (herein after referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and may claim or demand therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein;
2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the I'On Club premises or in any way observing or using any facilities or equipment of the I'On Club whether caused by negligence of the releasees or otherwise; and
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releasees or otherwise while in, about or upon the premises of the I'On Club and/or while using the premises or any facilities or equipment hereon.

WAIVER FOR PUBLICITY: I agree that images taken of myself or my child during this program may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay the program fee in exchange for the privilege of myself or my child participating under the conditions of the program.

ACCEPTANCE: I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Signature of Parent/Legal Guardian _____ **Date** _____