



AMBASSADOR POOL SWIM LESSON REGISTRATION FORM



****A Separate Registration Form Must be Filled Out for Each Child****

Contact Info

Child's Name _____ Age _____

Parent/Guardian _____ Phone # _____

Address _____

Email _____

Name of Person
Transporting Child _____ Phone # _____
(If Different From Above)

Preferences

Preferred Week for
Lessons _____ Second Choice _____

Note: The first week swim lessons will be offered is the week of May 29.

Preferred Time for
Lessons _____ Second Choice _____

Morning lessons 10:00am – 12:30pm depending on swim team schedule and guard availability
Evening lessons 5:00pm – 6:00pm

Note: Some evening lessons may have to be rescheduled due to home swim meets.

Preferred Instructor _____

Prior Instruction

- My child has not had any swim lessons.
- My child has had _____ year(s) of swim lessons.

Medical Concerns

Please describe any medical concerns that your child's instructor and the staff of Ambassador Pool should know about.

Use of Pool During Swim Lessons

****PLEASE READ CAREFULLY****

For safety reasons . . .

- ✓ Only the child registered for swim lessons may enter the pool during a scheduled lesson. Parents, guardians, babysitters, siblings, etc. may not enter the pool or wading pool area during lesson time.



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Fees

****PLEASE READ CAREFULLY****

- ✓ Five ½ hour lessons = \$35.00; five 1 hour lessons = \$70.00.
- ✓ Lessons may be split (e.g., two children may share a 1 hour lesson, with each child getting 30 minutes of instruction time).
 - However, if more than one child is being instructed at the same time (e.g., two children being taught by one instructor for a half hour), the full fee is owed for each child.
 - Note: Our instructors are not permitted to teach more than two children at the same time.
- ✓ Full payment (i.e., payment for all five lessons) must be submitted with your completed registration form prior to your child's first lesson.
- ✓ Lessons canceled due to inclement weather or home swim meets will be rescheduled.
- ✓ If your child cannot make a lesson, please provide at least 24 hours advance notice. Missed lessons will be rescheduled.
- ✓ No refunds if your child does not complete all five lessons during the 2017 pool season.

Completed Forms and Payment

Make checks payable to the Village of Fort Recovery. Completed forms and payment should be

Mailed to:	OR	Hand-Delivered to:
The Village of Fort Recovery		Ambassador Pool
P.O. Box 340		Mon-Fri & Sun 1:00-5:00PM; 6:00-9:00PM
Fort Recovery, OH 45846		Sat 1:00-5:00PM

Waiver/Release of Liability, Assumption of Risk, and Indemnity Agreement

As the legal guardian of the underage participant, _____ (the "Minor"), and on behalf of the Minor, I hereby give permission for the Minor to participate in swim lessons at Ambassador Pool. I, for myself, my spouse, children, heirs, guardians, next of kin, legal and personal representatives, executors, administrators, successors, and assigns, and on behalf of the Minor, freely agree to the following terms:

1. I warrant that the Minor is in good physical health with no physical limitations and/or medical conditions that would interfere with his/her ability to safely participate in swim lessons or endanger himself/herself or others;
2. I acknowledge and agree that participation in swim lessons has inherent risks. I have full knowledge of the nature and extent of all risks associated with swimming, including but not limited to paralyzing injuries and death.
3. To the fullest extent permitted by law, I, as the legal guardian of the Minor, hereby **release, waive and further agree to indemnify, defend, and hold harmless**, Ambassador Pool, the Village of Fort Recovery, and their officers, employees, agents, successors, and assigns (collectively, "Released Parties") with respect to any liability, claims, demands, causes of action, damages, losses, or expenses (including court costs and attorneys' fees) of any kind or nature (collectively, "Liability") arising out of or related to the Minor's participation in swim lessons, even if such Liability results from the negligent acts or omissions of the Released Parties.
4. I hereby pre-authorize Ambassador Pool, its employees, and agents to arrange for emergency medical treatment and ambulance or helicopter transport on the Minor's behalf, if medical attention is warranted during the swim lesson. I understand and agree that I will be responsible for the costs associated with any such emergency medical care and/or transport arranged on the Minor's behalf.
5. **I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, and acknowledge and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms and conditions of this Agreement.**

Signature of Parent/Guardian _____ Date _____

*****After We Receive Your Completed Registration Form and Payment, You Will Be Sent a Confirmation Letter That Sets Forth All the Details Concerning Your Child's Lesson*****