

GROUP SWIM LESSONS REGISTRATION FORM AND WAIVER- Fall and Spring 2011-12
Please complete one form for each child, the check or credit charge can be for the total amount if multiple sign ups.

Swimmer's name _____ Date of Birth _____ Age _____ Sex _____

Parent or Guardian Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone #: (Day) _____ (Night) _____ Cell _____

Signature _____

Course Number _____ \$ _____

Course Number _____ \$ _____

Total Amount Due \$ _____ for this child. Number of children registering _____

Check # _____ If you are registering more than one child, you can write one check or we will total the price for all lessons for each family when we charge your card.

Credit Card Number _____ Exp Date _____ Email to:
swimlessons@cbsd.org

or

Mail to: Swimming-CB Community School, Sue Heine, 16 Welden Drive, Doylestown, Pa 18901

PARENT CONSENT CERTIFICATE and PERMISSION AND RELEASE WAIVERS

To be eligible for participation in swim lessons this waiver must be on file with the Community School and this certificate of consent signed by a parent or guardian.

" I give my consent for the above named child to take part in any community school sports camps and activities."

PARENT'S OR GUARDIAN'S The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the parents or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, its agents, representatives, employees and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

Parent or Guardian Signature _____

Relationship to child _____

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