

**REGISTRATION FORM FOR ADULT LAP SWIM AND WAIVER**

- This is an unstructured program for **adults** who wish to swim laps and/or walk in the pool at East. We need 20 adults to register in order to offer this class. East Pool is closed on Friday.
- Locker rooms and showers will be available
- Come as few or as many times as you wish.

Swimmer's name \_\_\_\_\_ (OVER THE AGE OF 18)

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ Cell \_\_\_\_\_

Total Amount Due \$ 110.00 Check # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: Swimming-CB Community School, Sharon Miller, 16 Welden Drive, Doylestown, Pa 18901

**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 THE PARTICIPANT..

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

The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the participant 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 participant 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 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.

Signature \_\_\_\_\_

