

Swim Lesson Registration Form



Child's Full Name
Child's Age and Date of Birth
Swim Lesson Session Number
Parent(s) Full Name, Rate or Rank
Home Address
Home Phone Number
Alternate Phone Number
Name of Contact in Case of an Emergency
Emergency Contact Phone Number
Relationship to Emergency Contact
Signature of Participant (Guardian if under 18)
Signature of Witness

Please Note: Payment is due the first day of each session. If payment is not received at the beginning of class on the first day of class child, will not be admitted. Registration will be taken two weeks prior to each session.

2019 SWIM LESSON DATES:

May 4-25
June 7-28
July 13-August 3
August 10-31
September 7-31
October 5-26
November 9-30
December Dates TBD

Proof of Child's Birth Date is required at time of registration.

Acknowledgement of Risk and Release of Liability

I/My child,	am/is going to participate in Swim Lessons/Private
Party, which are sponsored by the Naval Air Station No	orth Island Morale, Welfare & Recreation Department.
Swim Lessons/Private Party will take place on	(date) at Bldg. 579 (Island Pool) or
Bldg. 400 (Crews Pool) on NASNI.	
I understand that certain risks and dangers are inherent risks and dangers (Initial) A. Infections related to pool water and locker room B. Injury related to swimming pools. C. Near drowning/drowning.	in this type of activity. The following are examples of such as.
including any liability for negligent acts or omissions, or enlisted officer and civilian employees of the U.S. Navy	. I understand that normally law places liability for the neg- assume all risks for any death/injury to the person or injury
In exchange for entering into this contract/release, I have "consideration," (Use of/partic	
This release covers any and all demands, actions, causes judgements, damages, accounts, reckoning, executions a found in law, equity, admiralty or otherwise.	nd liabilities whatsoever of every name and nature, whether
would prohibit from participating in this activity B. I agree to following the guide's instructions rega C. I understand that possession and/or use of alcohol. I agree to inspect equipment utilized in activity.	rding safety and health procedures (Initial) ol and/or drugs is prohibited (Initial)
wear, to the MWR swimming pool facilities. C. I agree that in the event of loss or damage to equ I will pay on demand the amount of such loss/da D. MWR does not provide liability coverage for the the use of the facility. I agree to defend and inde Navy, and its employees for any and all liabilities my party.	of the facilities. Int in the same condition as received, except for ordinary suipment due to negligence of myself/my child/my party, image. It is a user of the facility against claims that may arise through semify MWR, the United States, the Department of the is arising out of the negligent act of myself/my child/missions of its employees is set forth in the Federal Tort
Name	Date
Signature	