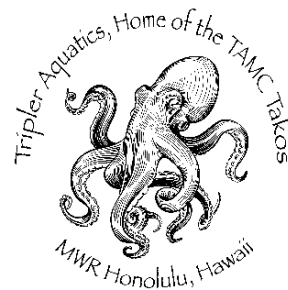




Tripler Group Learn to Swim

Keiki Registration Form



Ages 4 - 17	Course Details: \$100 ✓ Eight Classes ✓ Thirty Minutes
LEVELS 1, 2, and 3	

*Keiki's Name (Last, First):		*Age:
*Parent/Guardian name (Last, First):	*Relation:	*Contact number:
*Address:		

A note to the instructor. Is there anything that you want us to know about your child (optional)...

Guidelines & Agreement Terms:

In the event that a class is canceled due to inclement weather or maintenance issues, the class will be rescheduled for a later date. Participants must review the schedule and ensure they can commit to all class dates prior to registration. Due to scheduling constraints, make-up classes or secondary rescheduling will not be provided for individual absences. Refunds are not guaranteed and are issued at the sole discretion of the Aquatics Facility Manager, based on a case-by-case situational review.

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined in the Aquatics Facility Policy.

Parent / Guardian Signature: _____
Date: ____ / ____ / _____

~~~~~ FLIP TO CONTINUE ~~~~~

### INSTRUCTOR'S PORTION

|             |            |                                  |     |     |                  |
|-------------|------------|----------------------------------|-----|-----|------------------|
| Date Paid:  | Receipt#   | CYS Registration Expiration Date |     |     | Inst Name: _____ |
|             | MON        | TUE                              | WED | THU |                  |
| CLASS DATES |            |                                  |     |     |                  |
| From Time   |            |                                  |     |     |                  |
| To Time     |            |                                  |     |     |                  |
| Entry Level | Exit Level | 🔴 <b>Teacher's Notes:</b>        |     |     |                  |

# Tripler Aquatics

## WAIVER AND INDEMNITY AGREEMENT

### DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: 10 U.S. Code 3013(b), Authority of the Secretary of the Army

PRINCIPAL PURPOSE: Data required for registering in an Army MWR Learn to Swim Program.

ROUTINE USE: To obtain data of each individual registered for:

- A. Proper assessment of individuals for placement in the Army MWR Learn to Swim Program.
- B. Emergency Contact information (ICE).
- C. Parent/ Guardian must stay within facility in case of an emergency.

DISCLOSURE: Disclosure is voluntary; however, effect on individual not providing required information may result in incorrect assessment, delay in the medical treatment, and most important, prevent individual from participating in the Learn to Swim Program.

- A. I/ We attest that I am physically fit to participate in this program. I realize that a program of this nature could entail a great risk of serious injury or death to me due to drowning, slips and falls, and collisions with the bottom or sides of the pool, or other objects, as well as other causes. I recognize these and other hazards associated with the Learn to Swim/ Water Exercise Program and thus assume the risk of death, personal injury, or property damage or loss
- B. I/ We will not institute any claim or bring any suit against the United States, its officers, employees, or agents (to include volunteer workers) because of said death, personal injury or property damage or loss.
- C. I/ We hereby agree to indemnify and save harmless the United States, its officers, employees, and agents; reimburse the same due to any award based on any suit or claim presented against them- because of death, personal injury or property damages or loss.
- D. I/ We hereby release and discharge the United Sates, its officers, employees, and agents from any and all ill claim based on death, personal injury or property damage or loss.
- E. I/ We will permit the free use of my name and pictures in the newspaper, magazine, broadcasts, telecasts, or other similar public relations or commercial ventures.

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ #Phone: \_\_\_\_\_

Printed Name of Parent/ Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_