Powell Wellness Center

Group Swim Lesson Registration Form

Thank you for choosing the Powell Wellness Center Group Swim Lesson program! Our goals are to develop swimming skills, teach water safety, and provide a safe, fun atmosphere for participants of all ages. We utilize the American Red Cross Learn-to-Swim Program for classes and teachers are all certified Warter Safety Instructors.

Instructor to participant ratios is low to provide the best learning environment for the participants. The Parent & Child classes have a 1 to 6 ratio, Preschool Levels 1-3 & LTS Levels 1 -4, and have a 1 to 4 ratio. LTS level 3 and above utilize the lap lane area, but due to member use, only one lane is reserved for Group Swim Lessons.

Parent/Guardian- Emergency Contact

Name _____

Address _____

Phone _____ Email _____

Participant Information – Member Account # _____

Name _____ Member account Yes/ No (please choose one)

Gender _____ Birthdate _____ Age _____

List any diagnosed conditions such as asthma, ADD, seizures, diabetes etc , or known allergies including allergies to medications.

_____

List any medical conditions which may prevent or limit participation in activities. _____

_____

List prescriptions medications being taken.

_____

List any special needs or relevant information that the instructor should be aware of about your child.

_____

Participant Information- Member Account # _____

Name _____ Member account Yes/ No (please choose one)

Gender _____ Birthdate _____ Age _____

List any diagnosed conditions such as asthma, ADD, seizures, diabetes etc , or known allergies including allergies to medications.

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_____

Class Enrollment Information:

Class Name _____ CSI Code _____ Session Day/Time _____

Class Name _____ CSI Code _____ Session Day/Time _____

Authorization to Pick up Child(ren):

Name: _____ Relationship _____

Name: _____ Relationship _____

Waiver of Claims for Participants

I understand that while participating in aquatic activities such as, Swim Lessons, at the Powell Wellness Center (PWC), there are inherited risks of physical and mental conditions, illnesses and/or injuries associated with engaging in physical activity and use of equipment being led by Swim Instructor. I hereby consent to engage in the swimming lesson, solely at my own risk, with full knowledge of the danger and risks inherited therein. I hereby release, waive and forever discharge and covenant not to sue PWC and/or their agents, servants and/or employees for any and all injuries, losses or damage and/or any claims or demands of any type, known or unknown, on account of or in any way related to any illness, condition, and/or injury to my person or property, or which may result in my death. I further acknowledge the need for certain rules and regulations regarding use of the pool, equipment, facilities and other procedures related to aquatic activities. I therefore agree to abide by any and all such rules adopted by PWC.

Waiver of Claims for Guardian(s) of Participants

In regard to the participation of my family, I am aware of the responsibility of minor, serious, or fatal, accidental or other physical injury or illness occurring during or as a result of participating in the swim lesson program at Powell Wellness Center (PWC). I do hereby agree to assume all risks of such injury and will hold harmless, indemnity and defend PWC or the Culpeper Wellness Foundation (CWF), its employees, staff, agents, contractor, affiliated persons and successors from any and all liability, actions, causes of actions, claims and demands for every kind or nature whatsoever which I now have or which may arise of or in connection with any participation in activities arranged by the PWC, its employees, staff, Board of Managers, agents, contractors, affiliated persons and successors. The terms herein serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors.

_____ Date _____

Participant's Signature (or Parent/Guardian if under 18 years of age)

Addendum of additional family member of registration:

Name Parent/Guardian _____ Date _____

Participant Information Member account # _____

Name _____ Member account Yes/ No (please choose one)

Gender _____ Birthdate _____ Age _____

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_____

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_____

List prescriptions medications being taken.

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