



**SWIM SCHOOL - 2009**  
**UNIVERSITY OF MEMPHIS**  
**CAMPUS RECREATION AND INTRAMURAL SERVICES**

Swim School is for children ages 4 years to 14, beginners to advanced. The sessions offered are as follows: (please mark the session you want to attend)

- June 8 - 18, 7pm-7:45pm
- June 22 - July 2, 7pm-7:45pm
- July 6 - July 16, 7pm-7:45pm
- July 20 - July 30, 7pm-7:45pm

Cost: \$100.00 per two week session.

**REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_ FIN SIZE: \_\_\_\_\_

AGE/DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SKILL LEVEL: \_\_\_\_\_

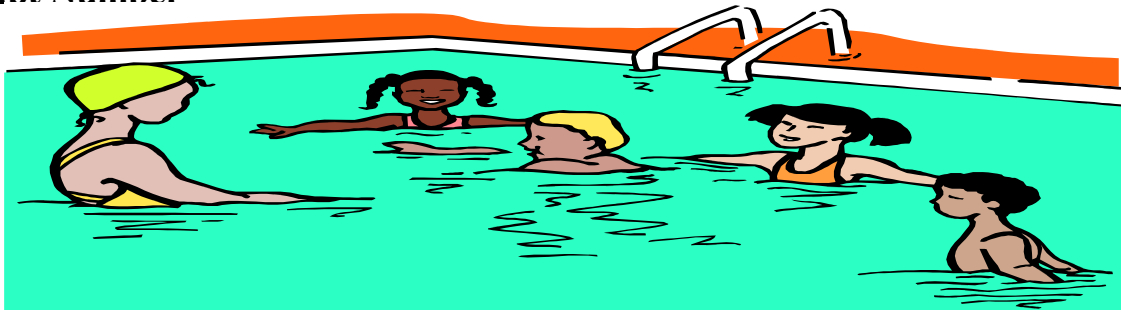
UofM Student\_\_\_\_\_ UofM Faculty/Staff\_\_\_\_\_ Other\_\_\_\_\_

**\*\*\*\*\*NO REFUNDS FOR MISSED CLASSES\*\*\*\*\***

**FOR OFFICE USE:**

Amount Paid: \_\_\_\_\_

Receipt Number



***Please sign and date the Informed Consent Form:***

Welcome to the University of Memphis Student Recreation and Fitness Center. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

This is to certify that (child/children's name) \_\_\_\_\_ is in good health and in soundness of body that warrants his/her/their usage of the University of Memphis Student Recreation Center facilities, activities, programs, and services as outlined by the Pool/Facility Rules and Regulations. Also, I certify that said participant(s) has no known recent exposure to a contagious disease and has had no operation or serious illness, which would restrict his/her/their usage.

I understand that any activity initiated at this facility may create physical stress and subsequent harmful effects. I agree that it is solely my responsibility and not the responsibility of the facility to require me to consult a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek any follow-up medical assistance following the event of an injury. I understand that the use of the facility, activities, and any use of its equipment entails some risk of accidental injury to myself and others and I agree that I will use such equipment and facilities with due care.

I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that my child/children may suffer during and immediately after his/her/their participation. I understand that I may stop or delay his/her/their participation in any activity or procedure if I so desire and that he/she/they may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

Included in this agreement I promise to abide by all Rules and Regulations of the facility. I understand that any breach of these guidelines may result in the loss of the privilege of the facility use.

I hereby waive, release, and forever discharge the facility and its employees from any and all claims, suits, losses, or related causes of action from damages, including, but not limited to, such claims that may result from his/her/their injury or death, accidental or otherwise, during or arising from his/her/their participation.

I have had an opportunity to ask questions (by email, by phone, or in person). Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to have my child/children participate.

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