

St. James Club

2016 Swim Program Waiver for Summer at West Side

Last Name _____

Parents' Names _____

Address _____ City, St, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

1st Child's Name

Female _____ Male _____

Birthdate _____

Age _____

2nd Child's Name

Female _____ Male _____

Birthdate _____

Age _____

3rd Child's Name

Female _____ Male _____

Birthdate _____

Age _____

Medical Information

List any physical disabilities, chronic ailments, and allergies for each child.

1st Child _____

2nd Child _____

3rd Child _____

Emergency Contact Person:

Name _____ Relationship _____ Phone _____

Release

In consideration of St James Health & Fitness Club accepting my child(ren) into participation in a swimming program, which I understand involves the risk of injury, I agree as my child(ren)'s guardian to assume all risk, cost, or losses sustained by me, my child, or my child's family in connection with participation in the swimming program. I also acknowledge that my child is sufficiently physically fit to participate in physical activities.

I give permission to St James Health & Fitness Club and /or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of St James Health & Fitness Club staff.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary.

I acknowledge that I have carefully read this Release and fully understand that it is a waiver and release of liability.

Signature _____ Date _____