

Charles River Aquatics Application Form

Dive Clinics: Sunday, December 4, 2011, from 3:00-4:00 PM

Please print clearly and fill out the application completely. If you have any questions, please call (617)-777-3556.

Personal Information

Name _____ Gender _____ Age _____ Date of Birth _____

Parent's Name _____ Phone _____ Cell Phone _____

Address _____ e-mail _____

City _____ State _____ ZIP _____

Please check the clinic for which you wish to register:

3:00 to 3:30 PM -Level 3: Kneeling Dives _____ Cost \$25 (Limit 12 swimmers)

3:30 to 4:00 PM -Level 4: Standing Dives _____ Cost \$25 (Limit 12 swimmers)

Total Cost _____

Brief Medical Information:

Does your child have asthma? Yes _____ No _____

If yes, are the attacks exercise induced? Yes _____ No _____

If yes, please have the appropriate medication available in case of emergency.

Does your child have other special medical conditions? Is there relevant information about your child that we should know in order to give the best possible swim lessons?

Release and Indemnification

Although we take care to guard the safety of you and your children while they are at the facilities of Charles River Aquatics, there are inherent risks associated with water and swimming pools, including but not limited to: slipping or falling on the pool deck, hitting the side or the bottom of the pool or ladders, and breathing in or swallowing water.

For and in consideration of the benefits to me from the use by me and/or my child(ren) of the facilities of Charles River Aquatics, Inc. and Boston University, and other good and valuable consideration, the undersigned, individually and for his/her heirs and personal representatives, hereby releases Charles River Aquatics, Inc. and Boston University directors, officers, agents, and employees from any and all claims of any kind or nature whatsoever, arising out of the use by me and/or my child(ren) of said facilities. The undersigned, individually and for his/her heirs and personal representatives, further agree to indemnify, defend and forever hold harmless Charles River Aquatics, Boston University and their directors, officers, agents, and employees from any and all liability or loss whatsoever, (including any cost of defending claims) arising out of our use of said facilities.

I/we give permission for photo images of my child that may be taken during a session to be used in materials to promote Charles River Aquatics Swim Lessons. All rights to these images are assigned to the Charles River Aquatics and its designates. I/we understand that my child's name will not be used, and that images will be for the sole use of Charles River Aquatics.

Date _____ Print Name _____ Signature _____

Send completed Application, and a check for **the Total Cost** to:

Charles River Aquatics, PO Box 534, Needham Heights, MA 02494