

For CRA use only.

Charles River Aquatics Application Form

February Recess Week Program: February 21 through February 24, 2012

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 _____

Medical and Social Information

Does your child have asthma? Yes ___ No ___ If yes, are the attacks exercise induced? Yes ___ No ___

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?

Emergency Contact Name _____ Phone _____

Relationship _____ Address _____

Physician's Name _____ Phone _____

Address _____

Please check any and all of the following that may apply to your child.

Diagnosis(es), if any

- Asperger's Syndrome
- Autism
- Cerebral Palsy
- Developmental Disabilities
- Developmental Delay
- Down Syndrome
- Lowe Syndrome
- Mental Retardation
- Other: _____

Seizures

- No seizure in lifetime
- No seizure in last 2 years
- Less than 1 seizure per month
- Major seizure activities
- Has required hospital admission
- Other: _____

Medications <input type="checkbox"/> Requires medications during time at CRA <input type="checkbox"/> List all medications child is taking: _____ _____	Known Allergies <input type="checkbox"/> Food allergies: _____ _____ <input type="checkbox"/> Other allergies: _____
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Social/Behavioral Info <input type="checkbox"/> Shy or withdrawn <input type="checkbox"/> Interacts inappropriately with others <input type="checkbox"/> Inappropriate touching <input type="checkbox"/> Fabricate stories <input type="checkbox"/> Problems understanding and following directions	Social Behaviors (con'td) <input type="checkbox"/> Wanders <input type="checkbox"/> Physically aggressive (explain below) <input type="checkbox"/> Excessive talking <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Excessive teasing <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Particularly vulnerable (explain below) _____ _____
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Does your child presently attend a school classroom or other program that requires a staff-to-student ratio of less than 1:5? If so, explain: _____

Registration Information

Dates: February 21, 22, 23, and 24, 2012 (Tuesday, Wednesday, Thursday, Friday)

Time: 9:00 AM until 3:00 PM (9:00 AM until 1:00 PM for half day)

Ages: 4 through 12

(It is **strongly recommended** that 4 year olds attend ½ day. Two swim lessons/day plus open swim are tiring for 4 year olds. Three swim lessons/day and two open swims are exhausting.)

Levels: 1 - 5

Limit: 40 Swimmers

Cost: (check one): \$325 – Half Day _____ \$385 – Full Day _____

Circle Current Level

Level 1 Level 2 Level 3 Level 4 Level 5

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.

I/we also understand that if we have not provided complete and accurate information regarding our child as required in this form, CRA may terminate the participation of our child in its program without further obligation or recourse.

Date _____ Print Name _____ Signature _____

Send completed Application and a check for the full amount to:

Charles River Aquatics
PO Box 534
Needham Heights, MA 02494