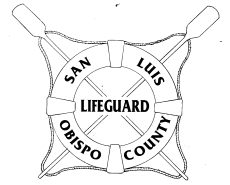




SWIM LESSONS FOR _____ POOL REGISTRATION FORM



(Please submit one form for each applicant.)

PARTICIPANT INFO:

PARTICIPANT NAME: _____ Male Female AGE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PARENT/LEGAL GUARDIAN (Please Print): _____

E-MAIL: _____

CELL (1): _____ HOME (2): _____ (ALT#): _____

SWIM LESSONS: \$45.00 per session, Tuesday - Friday, 2 week session. ½ hr lesson.

___ Session 1 **June 23 - July 3** Level 1 L 2 L 3 L 4 L 5 L 6

___ Session 2 **July 14 - July 24** Level 1 L 2 L 3 L 4 L 5 L 6

SKILL LEVELS: Level I - Water Exploration	Level IV - Stroke Development
Level 2 - Primary Skills	Level V - Stroke Refinement
Level III - Stroke Readiness	Level VI - Skills Proficiency

PRIVATE LESSONS: \$75.00 per person, (4 days, ½ hour lesson)

___ Session 1 **July 7 - July 10** Level 1 L 2 L 3 L 4 L 5 L 6

___ Session 2 **July 28 - July 31** Level 1 L 2 L 3 L 4 L 5 L 6

IMPORTANT NOTICE TO PARENTS:

Please know that County Parks will do what it can to provide the most convenient lesson time slots available. However, we cannot guarantee placement of your son or daughter in a "first choice" time slot. A minimum 6 participants (4 for Levels 1 & 2) must be signed up (payment received) for any swim lessons to be held in a particular class during the session. Otherwise, children in classes with less than 8 children (6 for Levels I and II) will be reassigned to other available scheduled classes having less than 8 paid participants (6 paid participants for Levels I & II). In the event there are no open slots available in any class, a private lesson can be scheduled for an additional fee. If this option does not meet your needs, you will receive a full refund. We hope your child enjoys their swimming experience. We are committed to giving the very highest level of service to our community.

PAYMENT INFORMATION: (Please note there will be a \$25 processing fee for all returned checks.)

Make checks payable to SLO County Parks **Check #** _____ **TOTAL AMT PAID:** _____

Visa MC Discover **CARD#:** _____ - _____ - _____ - _____ **Expires:** _____ / _____

Name as it appears on credit card: _____

Authorized Signature for payment: _____ **Date:** _____

**SAN LUIS OBISPO COUNTY PARKS
WAIVER AND LIABILITY RELEASE**

IN CONSIDERATION OF THE UNDERSIGNED'S PARTICIPATION IN THIS SAN LUIS OBISPO COUNTY ACTIVITY OR USE OF ANY COUNTY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED ACKNOWLEDGES AND AGREES TO EACH OF THE FOLLOWING:

1. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE COUNTY OF SAN LUIS OBISPO, ITS ELECTED OFFICIALS, EMPLOYEES, BOARD MEMBERS, OFFICERS, AGENTS AND VOLUNTEERS (collectively, "County") from all liability to me and/or the participating minor for any loss, damage, or claim, now or in the future, on account of injury (including paralysis and dismemberment) or death to the person or property of the undersigned, whether caused by any gross, passive or active negligent act or omission of the County, to the extent such waiver and release is permitted by California law, while the undersigned and/or participating minor is participating in the County activity or using any County facilities in connection with the activity.
2. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the County for all liability, claims, demands, causes of action, charges, expenses and attorney fees resulting from the undersigned's involvement (including any participating minors to which I am responsible) in this activity whether caused by the passive or active negligent or careless acts or omissions of the County or otherwise.
3. I ACKNOWLEDGE THAT THE COUNTY DOES NOT PROVIDE MEDICAL INSURANCE for injuries that may arise out of the undersigned's involvement in the activity or use any County facilities in connection with the activity. I understand that while County staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions. I have no known medical condition which may pose a risk to our health and safety or to others by participating in the activity and warrant that no physician, surgeon, or other licensed health care practitioner has advised me, after due inquiry, that I shall not participate in the activity. The undersigned agrees to follow (or to inform the participating minor that he/she shall follow) all safety rules and instructions for the activity as well as any other rules or directions given during participation in the activity. I recognize that the undersigned's participation in all activities is voluntary, that I am responsible for providing transportation to and from such activities, and that the County assumes no liability for loss or injury resulting from such transportation of me and/or the participating minor.
4. I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, DISABILITY to myself and property while on the County's property or participating in the activity or using any County facilities and equipment whether caused by any negligent acts or omission of County or otherwise. I expressly agree that the foregoing waiver and release, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law. I acknowledge that I have read the foregoing and I am aware of the legal consequences of waiver and liability release, including that it prevents me from suing the County if I am injured or damaged for any reason as a result of participating in the activity.
5. IF THE PARTICIPANT IS A MINOR: I hereby warrant and represent that I am the legal guardian, caregiver or custodial parent of the minor child who is named below, that I have the legal authority to sign this release, and agree, on my own behalf and said minor's behalf, to each and every term and condition of this waiver and liability release.
6. CONSENT TO TREAT: In the event of sudden illness, accident or injury (medical and dental) that I may experience while participating in the activity or using the County's facilities, I authorize the County to arrange for transportation to a medical or dental facility, and authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by attending medical personnel if I am not able to act on my own behalf. I understand that the County does not assume responsibility to take any of these actions and that any expenditure incurred for my care and transportation is my sole responsibility.
7. THIS RELEASE IS BINDING on the undersigned's personal representatives, assigns, heirs, spouse & next of kin
8. PHOTO RELEASE WAIVER: I understand that the County will occasionally take pictures and/or video during activities for use in County brochures, flyers, and other publicity developed by the County. I grant permission to the County to be photographed, videotaped or recorded for such uses, and waive all claims for compensation for the use of the pictures or videos of me.

Parent/Guardian Name (print): _____ **Child's Name and DOB:** _____

Parent/Guardian Signature: _____ **Date:** _____

The classes/activities/event to which this waiver, release of liability and authorization pertain are:

SWIM LESSONS
