



South Pasadena Unified School District
Swimming Lesson Registration Form

Please print and complete one form per participant.

Name of Participant: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City/Zip _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

- All classes are subject to minimum and maximum enrollment as well as changes or cancellation.
- Classes are subject to cancellation if minimum enrollment is not met.
- Completed "Registration" and "Release" forms are required at the time of payment.
- No returns, credits or make-ups for missed classes or sessions. Participants should attend all classes and be on time.

Class Requested: _____ Session: _____ Time: _____

For office use only	Fee: _____	Cash: _____	Check #: _____	\$ _____
---------------------	------------	-------------	----------------	----------

General Release Waiver and Indemnity Agreement

I certify that I am the participant ____ (over age 18) / or the parent/guardian of the participant ____ (the said minor), and that I am entitled to his/her custody and control, and I do hereby certify that I give my permission for myself and the said minor to participate in the listed activity ("Activity"). I further certify that I (or said minor) am/is in good health and have no physical or other impediment which would endanger me (or said minor) in this Activity.

Since the above Activity involves risk of injury to participants, the South Pasadena Unified School District ("District") requests that each participant or the parent/guardian of said minor participant/s assume all risk by signing the General Release Wavier and Indemnity Agreement.

In consideration of the District's acceptance of said participant's/said minor's application for participation in such Activity, I, for myself, my heirs, executors, administrators, and assigns, hereby waive, release and discharge the District and its officers, agents and employees and all sponsors and other entities and individuals associated with the District from any and all claims for damages, for the death or for personal injury which I/the said minor participant may have or which may hereinafter accrue to the participant as a result of my/said minor's participation in this Activity. I further agree to hold harmless the District from any liability or claim which in any way may arise out of my/said minor's participation in this Activity.

I further understand that accidents may occur during such Activity and the participants in this Activity may sustain personal injuries as a consequence thereof. Knowing the risk of such Activity, I hereby agree to assume those risks and to release and hold harmless the District and all entities and individuals associated with the District from any liability to me/said minor, my heirs and assigns for damages arising out of or related to my/said minor's participation in such Activity.

In the event of sudden illness, accident, or injury which may occur while I/said minor am/is engaged in an Activity supervised by the District and its representatives, agents, or assigns, when neither the parent(s)/guardian(s) or designated emergency contact can be contacted, I hereby give my consent, pursuant to California Civil Code #25.8, for emergency treatment as shall be deemed necessary under the circumstances by any physician licensed under the laws of the State of California.

I have read and understand the above agreement.

Signature of Participant or Parent/Guardian: _____

Print Name: _____

Date: _____