



Richmond Swims

richmondswims.org

Adult Lesson Registration 2018

Under the guidance of an instructor the beginner adult swim lesson participant will learn water adjustment, breath control, fundamentals of swimming, and water safety skills. The Instructor will tailor the swim instruction to fit each individual's needs and skills.

Name: _____ Date: ___/___/___
FIRST NAME MIDDLE NAME LAST NAME

Date of Birth: ___/___/___ Age: ___
(Example: 02 / 14 / 1970)

\$20 - Registration fee - Must be paid by the first day of class.
Please select below how you will make your payment:
Cash Check (payable to "Richmond Swims")

Home Address: _____ Email: _____
NUMBER/STREET CITY ZIP

Phones: _____
HOME WORK MOBILE

Agreement of Participation and Code of Conduct

I, the undersigned participant, agree to participate in all six lessons provided in my registered lesson session. I understand that if I miss a lesson there will be no makeup class provided. If there is a holiday or pool closure Richmond Swims will provide a makeup class. I also agree to follow the guidelines of the code of conduct and recognize that if I fail to follow these guidelines I will be asked to leave the lessons. Richmond Swims, Inc., is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at times when they are in our facility or participate in our programs. We expect persons participating in the SSL program to behave in a mature and responsible way, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.

Signature: _____ Date ___/___/___

Release and Waiver of Liability and Assumption of Risk Agreement

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I have carefully read the description of Richmond Swims' 2018 Adult Swim Lessons Program (Lessons) for which I am registering. I acknowledge that I am aware of all the risks inherent in swimming activities, including possible permanent disability or death, and agree to assume all of those risks. As a condition of being permitted to participate in the Lessons or any activities incident thereto, I hereby waive, release, and discharge any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: Richmond Swims, Inc., United States Masters Swimming, Inc., the City of Richmond, or individuals supervising such Richmond Swims' 2018 Adult Swim Lessons Program.

Signature: _____ Date ___/___/___

Photo Consent

I, the undersigned participant, grant to Richmond Swims, Inc. and their representatives and employees the right to take photographs or videos of me and my property in connection with the above-identified activity. I authorize Richmond Swims, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Richmond Swims, Inc., may use such photograph(s) or videos of me with or without my name and for any lawful purpose, including, for example such purposes as publicity, illustration, advertising, and I have read and understand the above:

Signature: _____ Date ___/___/___



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Personal Health & Medical History

Name of Participant: _____ Date of Birth: ____/____/____
FIRST MIDDLE LAST (Example: 02 / 14 / 1970)

In case of an emergency, notify:

Name: _____ Name: _____
Relationship: _____ Phone: _____ Relationship _____ Phone _____

Name of personal **Physician**: _____ Physician Phone: _____

Personal health/accident **Insurance Carrier**: _____ Policy number: _____

Name of **Dentist**: _____ Dentist Phone: _____

Allergies: Food, medicines, insects, etc: _____

Please include any relevant health or medical information you feel we should know: _____

IN CASE OF EMERGENCY, I hereby give my permission to the physician elected by the supervising swim instructor to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Participant's Signature _____ Date ____/____/____