

**SPRINGFIELD COLLEGE / SWIM LESSONS
REGISTRATION FORM**



Child's Name: _____

Birth date: _____ / _____ / _____ **Age** _____

Parent's Name's: _____

Address: _____

Affiliation with SC: **Faculty** **Staff**
Relationship to participant _____

Work Phone: _____ **Home** _____

E-mail: _____

Swimming Experience:
____ Participated in this program last year
____ New Swimmer
____ Some experience, no formal lessons
____ Has taken lessons before. Level attained _____

Comments / Special Concerns:

Payment information:
Cost is \$50 per child, and an additional \$25 for each sibling thereafter.

Please submit the registration and waiver, in person, to Maureen Naglieri, Administrative Assistant, Campus Recreation (Wellness Center) on or before Noon on Friday, Feb. 3rd.

On the 1st day of swim lessons you will be asked to present payment verification (pink copy of the "Program/Service Fee Authorization" form).



SPRINGFIELD COLLEGE / SWIM LESSONS PARENT/GUARDIAN AUTHORIZATION

Participant's Name: _____

Authorization to Participate: I understand and certify that my child's participation at Springfield College and its activities is completely voluntary and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent within the program. I acknowledge that although Springfield College has taken safety measures to minimize the risk of injury to participants, Springfield College cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the program's rules, regulations, and procedures for the safety of program participants.

SIGNATURE _____ **DATE** _____

Please check one

() I give permission () I do not give permission, for any media, both audio and visual, of my child to be used by Springfield College for promotional reasons.

SIGNATURE _____ **DATE** _____

Health Acknowledgement: I certify that my child's health history deems him / her physically qualified, and he/she has my permission to engage in all program activities except as noted by me here.

Comments:

SIGNATURE _____ **DATE** _____

Emergency Authorization: I hereby give permission to the physician selected by a representative of Springfield College to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a representative of Springfield College to hospitalize, charge my health insurance, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

SIGNATURE _____ **DATE** _____

Print Name: _____

WITNESS
SIGNATURE _____ **DATE** _____

Print Name: _____

This form needs to be witnessed at the time of signing by another individual.

If for religious reasons you cannot sign this form, the Program Director should be contacted for a legal waiver, which must be signed to allow for attendance.