



Junior Swim

REGISTRATION FORM

The goal is to encourage all children who want to participate in competitive swimming. Kids will learn how to improve their strokes, gain endurance and train in a competitive environment.

Swimmers Name _____ Date of Birth _____

Parents Name _____

Address _____ City _____ Zip _____

Phone # _____ Email _____

Emergency Contact _____

Emergency Contact # _____

Payment Method

Checking Account

Credit Card

Bank Name	_____	(Circle One)	MC	Visa	Amex	Discover
City, State,	_____					
Zip	_____	Account #	_____			
Routing #	_____	Exp Date	_____			
Account #	_____					

Monthly Amount \$55 (member)/\$65 (non-member)

Training Start Date:

Junior Swim Club requires a minimal three month commitment.

Class Time: (circle one)
4:30 PM or 5:30 PM

Swimmers must be able to demonstrate proficiency in the Front Crawl and Backstroke as well as the Breaststroke and be able to swim the length of the pool in each stroke.

TERMS OF TRAINING AGREEMENT

I understand that my signature on this agreement creates a contractual obligation to pay the total amount shown in monthly payments as indicated. I also agree that billing will continue after the initial term until I provide proper documentation withdrawing from the program. Should I become past due, I will be responsible for the entire accelerated payment and any court costs/collection fees required for recovery.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in an organized Genesis Health Clubs training activity that may or may not take me off the premises of Genesis Health Club, such acts as running or swimming or other related training events and activities, I the undersigned, acknowledge, appreciate, and agree that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.
- I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such to the attention of the nearest official immediately.
- I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Genesis Health Clubs, it officers, officials, agents and or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreemtn, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____ Participant's Signature Age Date

Legal Guardian Signature if under 18 DOB Date

I have read and understand this entire document and agree to the terms, payment(s) and fees, and liability waiver.

Member Signature _____ Date _____