University of Saint Mary
Red Cross Swim Registration Form
Consent for Medical Treatment

Participants Name:_____

DOB:_____ Age:_____ (**must be 4 yrs by first day of class**)

Home Address:_____
(Street) *(City)* *(State/Zip)*

Father's Name:_____

Mother's Name:_____

Phone: Home_____ Work_____Cell_____

Most Recent Swim Class Passed:_____

Known Drug Allergies or Medical Conditions:_____

DAYTIME (2 WEEKS)

Session I* May 29-June 7		**Session I* June**		**Session III** June - July**		**Session IV July**	
8:30-9:00	Level 1						
9:00-9:30	Level 1						
9:30-10:15	Level 2						
10:15-11:00	Level 2						
11:00-11:45	Level 3						

*Session I includes Fri. June 3
**Session III includes Fri July 8

Session V July - Aug		**Session VI Aug**	

EVENING (4 Weeks)

TIME	**Session I: Mon & Wed**	**Session II: Mon & Wed**	**Session III: Mon & Wed**
6:15-6:45			
6:55-7:40			
7:45-8:30			
	Session I: Tues & Thurs	**Session II: Tues & Thurs**	**Session III: Tues & Thurs**
6:15-6:45			
6:55-7:40			
7:45-8:30			

Amount Paid:_____ Cash or Check Liability release signed:_____

Waiver/Disclaimer/Consent

No Participants will be admitted to Red Cross Swim Lessons without Proof of Insurance Coverage satisfactory to the University of Saint Mary. I/We the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the participant's parent or legal guardian: The participant, in attending Red Cross Swim Lessons and in using USM facility, does so at his/her own risk. The University of Saint Mary, its Athletic Department and staff shall not be liable for any damage arising from personal injury sustained by the participant during Red Cross Swim Lessons or at the USM facilities. The participant and his/her parents assume full responsibility for any damages or injuries which may occur to the participant during Red Cross Swim Lessons and so hereby fully forever exonerate and discharge, release and hold harmless USM, the Athletic Department and its hired staff, trustees, administrators, faculty, staff, employees, and/or agents, from any and all claims, demands, damages, right of action or cause of action present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the participation in Red Cross Swim Lessons and in the use of the facilities. I/We certify that to the best of my /our knowledge, the participant is in good physical condition and has no disease or injury or medical condition that would impair performance in activities participated in during Red Cross Swim Lessons.

Make check payable to: University of Saint Mary $40 / class

_____

Parent/Guardian Signature Date

Medical Insurance Company:

_____

Group Number_____

Contract Number

_____