



4355 Saucon Creek Road, Center Valley, PA. 18034 610-625-4848 FAX# 610-625-4850 www.swim-inzone.com

Waiver and Agreement to Participate, Parent or Legal Guardian must sign for children under the age of 18. There must be a signed waiver on file for each participant.

Participant's Name _____ **Date of birth:** _____ **Age** _____
Please print

Parent Name: _____ **Phone#** _____

ADDRESS **CITY** **STATE** **ZIP**

I _____ (initials), understand that there are inherent risks associated with activities around a swimming pool and, more specifically, with activities associated with the program offerings of Swim-in Zone, Inc., and that prior to beginning any program involving physical exertion, the participant (I/my child) should obtain medical clearance from a physician. I understand that medical emergencies, injuries and complications can occur as a result of strenuous physical activity or can arise from pre-existing conditions during participation in such activity. I am also aware of the risks associated with swimming, swimming pools and Swim-in Zone, Inc. such as: the pool, locker rooms, common areas, equipment, steps, parking lot and surrounding areas. The risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death. I know that the pool at Swim-in Zone is 3.5-5ft. deep. I voluntarily consent to attend or participate or have my child/children attend or participate in activities at Swim-in Zone, Inc. I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I may have against Swim-in Zone, Inc. and instructors, employees, owners thereof, in connection with or from participation in such above-described activity. I understand the teachers and staff will be holding and supporting my child with direct skin to skin contact in the water to teach body position, floatation, stroke technique and maintain confidence and to keep my child from unexpected submersion. If you are uncomfortable with our staff touching your child with direct skin to skin contact, we are unable to enroll your child in classes.

Use the back of the form as necessary. Please share any information considering that swimming or aquatic exercise is exercise/exertion. It is important for your safety to describe any allergies, medical or other conditions that may affect swimming or that we should know about such as allergies, food allergies, seizures, diabetes, asthma, high blood pressure, heart disease, dizziness, lung conditions, pregnancy etc. or any medication that the student may be taking that may affect their ability to swim, listen or focus. The question of your/your child's fitness for this activity is ultimately left up to you. It is the responsibility of the parent or adult participant to inform Swim-in Zone, Inc. of any changes to this important information and also of changes effecting emergency contact or other contact information.

Any photographs may be used for promotional and advertising purposes by Swim-in Zone.

_____ **NO allergies, medical conditions or medications.**
_____ **YES I/ my child has allergies, a medical condition or is taking medication that might affect swimming or activities in the pool or pool area. Please describe on (back of form):**

CONCERNS:
Is the student fearful of the water, new situations etc.? _____
Does the student have a speech impediment or learning disorder that might affect a group-learning situation?
My child is able to sit, listen and wait. Children who cannot sit, listen and wait are required to take private or semiprivate lessons as they jeopardize themselves and the safety and learning of the entire group.

Signature (parent/guardian/participant) _____ **Date** _____