



www.sandiego.gov

THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT



MAIL IN LEARN-TO-SWIM PROGRAM REGISTRATION, WAIVER, AND RELEASE OF LIABILITY FORM.

POOL: _____

PLEASE PRINT Participant's Last Name: _____ Date: ____/____/____

Address: _____ Apt. #: _____ City: _____ Zip: _____ - _____

Home Phone #:() _____ Work Phone: () _____ Emergency Phone: () _____

Make check payable to City Treasurer. NOTE: A \$20.00 charge on all returned checks.

PRINT NAME	BIRTH DATE	CLASS TITLE	1 st Choice Session & Time	2 nd Choice Session & Time	3 rd Choice Session & Time	Fee:
Sample: Sally Swimmer	/ /	Enter class title	Session name & time	Session name & time	Session name & time	See brochure
"We Enrich Lives Through Quality Parks and Programs."						Total Included

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in this City of San Diego Class/Activity, I acknowledge and agree that:

- The City of San Diego does not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
- By virtue of participation, **PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS** including damage to property.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).**
- I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO**, its officers, agents or employee with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity including during lessons, practice, meets, special events, field trips, games or tournaments.
- I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during lessons, practice, meets, special events, field trips, games or tournaments.
- THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
- I hereby give permission for the following named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
- I certify to the best of my knowledge, my child's (or my) current physical condition is satisfactory for participation in this class/activity, and that he/she is (or I) am free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach/instructor/leader must be notified of any health condition prior to participation.

Participant's Name (print): _____ Date of birth: ____/____/____

Address: _____ Apt. #: _____ City: _____ Zip: _____ - _____

Phone #:() _____ Emergency Phone #'s: () _____ / () _____

Participant's Signature (if participant is 18 years or older): _____ Date Signed: ____/____/____

Parent/Guardian signature required if participant is 17 years of age or younger.

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program is voluntary.

Parent/Guardian Name (print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: ____/____/____

APPROVED BY THE CITY ATTORNEY 6/00

AS A RECIPIENT OF FEDERAL FUNDS, THE CITY OF SAN DIEGO CANNOT DISCRIMINATE AGAINST ANYONE ON THE BASIS OF RACE, COLOR, GENDER, RELIGIOUS CREED, MARITAL STATUS, SEXUAL ORIENTATION, ANCESTRY, NATIONAL ORIGIN, AGE, MENTAL OR PHYSICAL DISABILITY, MEDICAL CONDITION (INCLUDING HIV, AIDS & AIDS-RELATED COMPLEX). IF ANYONE BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST, HE OR SHE MAY FILE A COMPLAINT ALLEGING THE DISCRIMINATION WITH EITHER THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT (CONTACT DISTRICT MANAGER (619) 685-1397) OR THE OFFICE OF EQUAL OPPORTUNITY, U. S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D. C. 20240. THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. PRINTED ON RECYCLED PAPER.

MAIL - IN REGISTRATION FOR LEARN TO SWIM PROGRAM

MAIL IN REGISTRATION STARTS: May 9, 2005

Note: Registration postmarked May 9th and after will be processed in the order received, registration postmarked prior to May 9th will be processed after the 9th.

Walk-In Registration begins on: June 13th at 12:00pm.

Mail-In Registration Instructions:

- Each participant needs their own registration form (on the back of this form). This form may be duplicated for additional participants.
- All required information should be printed and signed where indicated.
- Classes and times should be checked for accuracy to avoid any delays in the mail-in process.
- Each participant may be registered for 2 sessions at a time.
- A self addressed stamped envelope MUST be enclosed to receive confirmation of classes and your receipt.**
- Mail in registration is for the Learn to Swim Programs only, all other registrations are taken in person.
- If registering more than one child, enclose all registration forms and checks in the same envelope to ensure they are processed together.
- Fee waiver applications must be submitted and approved prior to mailing in registration.
- Payment amounts should be checked for accuracy to avoid untimely delays in the mail-in process.
- Payment is accepted by check only.
- Checks are made payable to "City Treasurer" for the total amount.
- There are NO REFUNDS, classes must be selected accounting for vacations and other activities of the participants.
- Please allow 2 weeks for processing.
- Faxed forms are not accepted.

Mail form and payment to:

Carmel Valley Swimming Pool
Learn-To-Swim Registration
3777 Townsgate Dr.
San Diego, CA 92130