

Aqua Culture Training Center Registration Form

Circle the course for which you are registering:

- Lifeguarding/First Aid/CPR/AED Lifeguarding/FirstAid/CPR/AED Review Lifeguarding Instructor Water Safety Instructor AquaTech Pool and Spa Operator
 CPR/AED First Aid/CPR/AED CPR for the Professional Rescuer and Healthcare Provider AquaTech Pool and Spa Operator Review

Please list the dates of the course: _____

Referred by: _____ Fundraising Organization: _____



Student Information Please print clearly to ensure proper spelling is submitted to all applicable local, state and national agencies.

Student's Legal First Name: _____ Last Name: _____ DOB: _____ Age: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

Student's Email Address: _____ Student's Phone Number: _____

Additional Email Address: _____ Additional Phone Number: _____

Emergency Contact Name: _____ Relationship: _____ Emergency Contact Phone: _____

Medical History

Please circle and add any conditions to which Aqua Culture Inc. should be alerted. Issues may include but are not limited to the following:

- Asthma Wears Glasses Diabetes Wears Contacts Epilepsy Has Orthodontic Devices Allergies Other Issues: _____

Current Medications: _____

Consent for Emergency Medical Treatment: In the event of a medical emergency, as enrolled participant or legal guardian of _____, I give permission to the representatives of the Aqua Culture Training Center & Swim School, Inc. to employ any licensed physician or health care facility on behalf of the undersigned and to direct/order emergency medical treatment for the above named student. I also agree that neither Aqua culture Training Center & Swim School or its representatives, shall be liable under any circumstances to anyone for exercising the before mentioned in the event of an emergency.

Informed Consent and Waiver/Release: I, the undersigned, as the enrolled participant or the parent or legal guardian of the child listed on this application in consideration of the request and permission of myself or my son/daughter to participate in the Aqua Culture Training Center & Swim School, Inc. programs, including but not limited to the swim lessons and Training Center courses, hereby assume full responsibility for all risks of injury or loss which may occur from my or my son/daughter participation in this activity and hereby agree to hold harmless, release and forever discharge Aqua Culture Training Center & Swim School, Inc., its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury or death of any person and persons, or damage to, or loss, or destruction of any property arising or resulting directly or indirectly from my or my son/daughter participation in the aforementioned program and occurring during said participation or at any time subsequent thereto, save and accept that the above provisions shall not be applicable to injury to or death of persons or damage to or loss of property arising out of the sole negligent acts or omissions of the Aqua Culture Training Center & Swim School Inc., their officers, agents or their employees. The terms of this release shall serve as a release and assumption of risk for myself or my son/daughter, heirs, executors and administrators and for all of my family members.

I understand, agree and acknowledge that there are risks inherent in the activities conducted by Aqua Culture Training Center & Swim School. With the full understanding of the facts, I state, that to the best of my knowledge, I the participant, or my son/daughter listed on this application has no medical, physical, mental, or emotional health conditions that would hinder or prevent active participation in Aqua Culture Training Center & Swim School programs.

I also understand that photographs are occasionally taken at the Aqua Culture Training Center & Swim School and that any photos of myself or my child may be used for Aqua Culture Training Center & Swim School publicity purposes.

I have carefully read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to myself and/or my son/daughter.

I fully understand the following statements: Payment is required for enrollment. Attendance is 100% mandatory. Age verification must be submitted. There will be no refunds. A request to transfer to another course will be honored 14 days prior to the first scheduled day of the course, (There will be a \$75 fee and online course work will need to be repeated.) If the participant fails to complete any portion of the pre-course or course, 50% of the tuition may be applied to the same course for the same participant within a calendar year.

Participant (if older than 18)/Parent or Guardian Signature

Date

Fax to 410-420-7010 or scan and email to Info@ACTrainingCenter.com

Paid online at www.AquaCultureSwimSchool.com/ACTC_Registration.aspx Transaction ID: _____

Course Fee: _____ Form of Payment: Cash Check # _____ Visa MasterCard Discover

Name on the Credit Card: _____

Credit Card Number _____ Expiration Date: _____

Signature: _____ Verification code (CVC) __ __ __

Notes for course participants:

Enrollment is limited and registration is taken on a first come first serve basis. Aqua Culture reserves the right to cancel a course based on low enrollment, although this rarely occurs. Student:teacher ratios set by the Red Cross and will be honored. If a scheduled course is to be cancelled, all registrants will be notified two weeks in advance. All tuition will be applied to another course or fully refunded. Aqua Culture will exercise this right only when absolutely necessary. We understand that your job may depend on successful completion of a course.

Students who do not meet the prerequisites will not be allowed to continue with the course. The standards and quality of the course would be compromised, as well as the safety of the participants.

Lateness will not be acceptable and is justification for course failure according the Red Cross, Starfish Aquatic and the State of Maryland.

Pool & Spa Operator participants are welcome to schedule an appointment to work with a certified pool operator to ask questions or view a system in operation during the self study portion of the Aqua Tech Pool Operator Course.

Lifeguarding and Water Safety Instructor Course participants are urged to practice your swimming skills before and during their course. Aqua Culture has scheduled practice times that may be utilized. You must be enrolled in a course to use the following times. If you need to bring a partner who is not registered in a course to practice your skills, they must have a registration form on file and there will be a \$5 fee charged.

Tuesday, Wednesday and Thursday: 12pm-12:50pm and 3pm-3:50pm
Wednesday: 6pm-7pm Sat: 12pm-12:50pm

Computers are available outside of class for coursework; email the instructor or call the office to confirm availability.

Printed textbooks for participants to keep are available for additional fee.

Office Use:

Date registration was received: _____ By: _____ Payment received on: _____ By: _____ VT

Payment Processed on: _____ By: _____

____ Entered into Links

____ POS Completed

____ Link Emailed to Student