

HAWC Pass Cardholder Registration Form

2213 Commerce Road Forest Hill, MD 21050 410-420-POOL(7665)

HarfordAquaticWellness.com



Training Center &
Swim School

First Name _____

Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone #s _____

E-Mail _____

Emergency Contact: _____

Emergency Contact #: _____

How did you hear about us?

Purchase of pass indicates understanding and agreement with HAWC policies and procedures

Signature

Date

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 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.

For and in consideration of entrance onto premises, I agreed to release (Swim School/Club) and its owners, officers, operators, agents and employees from, and waive, any and all claims and liability arising out of the services they provide and/or use of their facility, including but not limited to personal injuries or damages arising from their ordinary negligence. This release and waiver applies to myself and any minor child I bring onto the premises.

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 son/daughter or my 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, Inc. 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.

Signature

Date



For Office Use Only

Cardholder Name: _____

Training Center &
Swim School

Note Purchase Date

Quarter End Date	Quarterly Personal Pass <small>(classes not included)</small>	Staff Initial	Add-On Cast Pass	Staff Initial	Quarterly 25 Rounds Pass	Staff Initial	Transaction #
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3/31							
6/30							
9/30							
12/31							

Name Eligible Immediate Household Member	DOB	Age	Supervision Level	Relation	Medical*
			T J S Q		
			T J S Q		
			T J S Q		
			T J S Q		

Touch
Jacket
Safer
Qualified

* Please Note any conditions to which HAWC should be informed. Including but not limited to the following:
Asthma Diabetic Epileptic Allergies
Current Medications:
N/A There are no medical concerns that ACSS needs to be notified of at this time.

Received on: _____ By: _____
Entered into Computer _____ By: _____
Proofed _____ By: _____