

HealthPoint Learn-To-Swim Program

Participant Information

Participant Name: _____ Birth Date: _____ Age: _____

Sex: _____ Telephone: _____ Mobile: _____

Street Address: _____ State: _____ Zip: _____

Emergency Information

Emergency/Parent Contact: _____ Relationship: _____

Telephone: _____ Mobile: _____

Medical Information

Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No If yes, please explain:

Course Sign-Up Information

(Please check the course and rate that applies to you)

Kids Beginner Lessons	Kids Intermediate Lessons	Water Babies	Adult Lessons
<input type="checkbox"/> June 2-25 T,TR 2:30-3:10	<input type="checkbox"/> June 2-25 T,TR 1:30-2:10	<input type="checkbox"/> June 23-July 16 T,TR 5:30-6	<input type="checkbox"/> June 22-July 7 M,T,TR 6-6:40
<input type="checkbox"/> June 1-16 M, T,TR 6:00-6:40	<input type="checkbox"/> June 1-16 T,TR 6:30-7:10	<input type="checkbox"/> June 30-July 23 T,TR 2:15-2:40	
<input type="checkbox"/> June 22-July 7 M,T,TR 6-6:40	<input type="checkbox"/> July 13-28 M,T,TR 7-7:40		
<input type="checkbox"/> June 30-July 23 T,TR 3-3:40			
<input type="checkbox"/> July 13-28 M,T,TR 6:00-6:40			

Member \$53.00 Non-Member \$70.00

Indicate Payment Type: Credit Card Cash Check

Card type and #: _____ Paid

Southeast Missouri Hospital's Swimming Lesson Program is intended to help participants learn to swim, which involves a considerable amount of physical activity. I understand that during participation of swimming lessons the participant may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks include, but are not limited to, the dangers of serious personal injury, or death from exposure to the hazards of the use of the facility. I know that injuries and death can occur by natural causes or activities of other persons, or the nature of the activity, either as a result of negligence or because of other reasons. By signing your child and/or yourself up for this program you are voluntarily assuming the possibility that a medical emergency might occur, and you agree to not hold Southeast Missouri Hospital liable for this kind of personal injury or illness. If our swim instructors have reason to believe that the participant is at high risk for experiencing a serious medical problem, they may suspend participation pending receipt of a physician's recommendation.

Signature: _____ Date: _____

(Parent's signature required for all participants less than 18 years of age.)