



110 Delphi Rd NW  
Olympia, WA 98502

(360) 867-9283 Phone  
(360) 866-8639 Fax

### Registration Form

Participants Name(s): \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
(DOB for children's programs and seniors only)

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency # :(\_\_\_\_) \_\_\_\_\_

Please describe any traumatic experiences that the swimmer(s) may have had in or around water.  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any medical or physical conditions which the swimmer(s) has.  
\_\_\_\_\_  
\_\_\_\_\_

- Please mark all that apply.
- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Heart disease/Heart attack | <input type="checkbox"/> Irregular heartbeat | <input type="checkbox"/> Muscle/joint | <input type="checkbox"/> Bone fracture       |
| <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Allergies    | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> Osteoporosis        | <input type="checkbox"/> Asthma       |  |
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Seizures            | <input type="checkbox"/> Other        |  |

Please explain any other characteristics or limitations that the instructor should know about the swimmer.  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* 7 DAY WRITTEN NOTICE REQUIRED FOR ALL WITHDRAWALS,  
PLEASE READ POLICIES CAREFULLY! \*\*\***

**OVER →**

## Waiver/Release of Liability

**Please read carefully before signing.**

This is a release of liability and waiver of certain legal rights.

I \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant hereby agrees to participate in the water activities and hereby agrees to indemnify and hold harmless Discover Aquatics, its coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swim lessons, open swim, lap swimming, water fitness, or other activities at Discover Aquatics. The participant also agrees to indemnify Discover Aquatics for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Discover Aquatics to have the participant treated in any medical emergency during their participation in any water activity. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted any medical/health problems of which the staff should be aware.

### **Photo Release:**

I also understand that photos and/or video are occasionally taken during scheduled activities and lessons and that any photo taken of my child (ren) may be used by Discover Aquatics Swim School for publicity or training purposes. **Initial:** \_\_\_\_\_

## Discover Aquatics Pool Policies

**REGISTRATION** for swim lessons is confirmed with payment. There are **NO CASH REFUNDS**. A **full credit** will be applied if cancellation is done 1 week prior to the start date. A half credit will be applied if done within a week of the start date. No credit will be applied if cancelled after the start date. **Initial:** \_\_\_\_\_

**TEACHER REQUESTS** are noted, but are **NOT GUARANTEED**. Every effort will be made to accommodate special requests, but occasions do arise when a student must be moved, an instructor is out or the class has not filled and must be consolidated with another. We will contact parents prior to permanent changes being made, at the phone number given at registration. **Initial:** \_\_\_\_\_

**MAKE-UP POLICY** In order to maintain the integrity of our classes both as to content and size, we do not offer make-up group, or semi private lessons. Please do your best to attend. We offer **one free open swim pass & one make up** for each two-month period. For private swim classes we will give one full credit & one make up per two-month period. If Discover Aquatics needs to cancel lessons due to technical difficulties with the pool or inclement weather, we will schedule a make-up lesson. **Initial:** \_\_\_\_\_

**SICK SWIMMERS** should stay at home. Please prevent spreading the illness any further, and wait until your child is better before bringing them to class. If your child has a fever or a contagious disease, please stay at home until the illness has subsided. If you are unsure, please consult your doctor. We will offer an open swim pass for every 8 classes. If a closure occurs due to fecal contamination or vomiting in the pool there will be a \$250 charge applied to your account, please keep sick swimmers home. **Initial:** \_\_\_\_\_

**WITHDRAWAL FROM CLASSES** We require a **7-day written notice 7 days in advance of your desired end date** by filling out a withdrawal form. This form is available in the Front Office/Lobby Area. **Initial:** \_\_\_\_\_

**LOCKER ROOMS** an adult must accompany all children under the age of 6. All children older than the age of 6 must use gender appropriate locker rooms. **Initial:** \_\_\_\_\_

**FOOD AND DRINKS** are NOT allowed in pool area and locker rooms. **Initial:** \_\_\_\_\_

**WATER** is allowed on pool deck in plastic containers only. **Initial:** \_\_\_\_\_

**SHOWER** Swimmers are required to shower off **THOURGHLY** head to toe prior to entering the pool with soap. This helps to keep the facility and pool clean. **Initial:** \_\_\_\_\_

**ALL JEWELRY** must be removed prior to getting in the pool. **Initial:** \_\_\_\_\_

**SWIM CAPS** are optional but swimmers with **hair below their ears MUST TIE IT BACK**. **Initial:** \_\_\_\_\_

**“WELL FITTING GOGGLES”** are recommended and an essential part of your child’s swimming experience. **Initial:** \_\_\_\_\_

**BAND-AIDS** must be removed before getting into the pool. We recommend using liquid band-aid. Please use discretion with wounds that have not healed yet. **Initial:** \_\_\_\_\_

**SWIM DIAPERS** are mandatory for all children under age of 3 even if they are potty trained. Swim diapers must be plastic lined and tight around the thighs and waist, at no time will disposable swim diapers be allowed in the pool. **Initial:** \_\_\_\_\_

**SUPERVISION** of your child is required at all times, especially in the locker rooms. **Initial:** \_\_\_\_\_

**ENTER THE POOL** at your start time with your swim instructor. Please do not block the main entrance and exit at the stairs. Safety first! **Initial:** \_\_\_\_\_

**GROUP CLASSES** with only one student enrolled will run for 20 minutes. **Initial:** \_\_\_\_\_

**OBSERVATIONS** can be done on the pool deck in the designated seated areas. **Initial:** \_\_\_\_\_

**TUITION** is due by NO LATER than the 1<sup>st</sup> lesson day of the new month. Failure to pay by this day will result in removal from class, loss of scheduled lesson time and additional fee’s. **Initial:** \_\_\_\_\_

**\* I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, PHOTO RELEASE, AND POOL POLICIES. I SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

**Signed:** \_\_\_\_\_  
(Participant or Parent/Guardian)

**Date:** \_\_\_\_\_