

Scott Valley Swimming & Tennis Club

Swim Participant's FULL NAME: _____

BIRTHDATE: ___/___/___

AUTHORIZATION OF CONSENT TO TREAT A MINOR

The undersigned parent or guardian of _____, a minor, do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Section 6910 of the Civil Code of California.

1. Family Doctor and/or Associate: _____

Phone: (_____) _____

2. Persons to contact in emergency:

A. _____ Phone: (_____) _____

B. _____ Phone: (_____) _____

3. Medical Problems: _____

4. Hospital Insurance Plan and/or Medical Plan: _____

This Authorization shall remain effective until revoked in writing.

Parent or Legal Guardian (Print): _____

Parent or Legal Guardian (Signature): _____

Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Sequoia Aquatics of Marin at Scott Valley - Registration Form

(Please Print)

ADULT INFORMATION:

Last Name: _____ First Name: _____ Home Phone:(____) _____

Address: _____

City: _____ Zip Code _____: Work Phone(____) _____

E-mail address: _____

Participant Name	Gender (M/F)	Birth date	Class/Program Title	Program Dates (Circle One)
			Sequoia Aquatics Swim School	Monday-Thursday 3:30-4:00 \$110 / \$140
			Sequoia Aquatics Practice Group 1	September 5:00-6:00 October- Feb. 4:00-5:00 \$140 / \$180
			Sequoia Aquatics Practice Group 2	September 5:45-6:45 October-Feb. 4:45-6:00 \$140 / \$180
			Sequoia Aquatics Practice Group 3	September 6:30-8:00 October-Feb 6:00-7:45 \$155/ \$195

BE SURE TO READ AND SIGN BELOW

In consideration of the payment of fees and the resulting granting of team membership privileges and, due to my knowledge and experience around swimming facilities, I hereby waive, release and discharge any and all claims and causes of action for damages due to my death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my team membership and the use of any swimming pools and associated facilities. This waiver and release is intended to discharge in advance the team as well as its officers, agents, employees and all related persons and/or entities, from and against any and all liability, injury, loss or damage arising out of and connected in any way with my participation with said entity and/or any facilities or in any event or activity associated with said entity and/or any facilities even though that liability might arise out of the active and/or passive negligence or carelessness on the part of the entity or persons mentioned above.

I understand that incidents, even of a serious and life threatening nature occasionally occur during the utilization of swimming pools and related facilities and participation in water related activities, due to, not by way of limitation, slips, falls, collisions and other water related hazards. Knowing the risks attendant with the use of swimming pools and related facilities and the participation in water related activities, nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless all the persons or entities mentioned above, who, even through, not by way of limitation, active and/or passive negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages by reason of any and all accidents, illness, injury or death or other consequences related to such utilization, whether reasonably foreseen or not reasonably foreseen. This waiver, release, assumption of risk, indemnification and hold harmless agreement is to be binding upon my heirs and assigns.

I agree to accept and abide by the rules and regulations of the team

All adults covered by this application have signed and all minors subject to it have been covered through the execution of this Release by their parents and/or guardians.

Signature: _____ Date: ____/____/____