

**SWIM PROGRAM REGISTRATION
2011-2012**



GEORGE SCHOOL

Participant

First name

Last name

Parent or Guardian If Participant Is Under 18 Years of Age

First name

Last name

Address

Street

City

State

Zip

Phone (primary)

Phone (secondary)

Email

Emergency Contact

Name

Phone (primary)

Phone (secondary)

Relationship

Participant-Identified Medical/Physical Limitations (Explain if appropriate or write "none.")

Medical Authorization (Please check one box below.)

I waive my physician's signature.

My physician's signature is below.

Physician's Signature

Date

Physician-Identified Medical/Physical Limitations (Explain if appropriate or write "none.")

In joining the swim program at George School, I the undersigned acknowledge, understand, and agree to the responsibilities stated below.

- ▶ Paying fees when due ▶ Proper conduct at all times ▶ Following rules of the pool

Waiver and Release

I understand that this activity entails risks that carry the potential for serious injury and death. I fully accept and assume all risks of participation in this activity. I release and discharge George School and its faculty, staff, employees, and agents from any and all liability, and waive all claims, suits, and actions of any kind against any and all of them, for death, disability, personal injury, or property damage, that may hereafter accrue to me, my executors, administrators, heirs, next of kin, successors, and assigns arising out of or in any way connected with my participation in this activity. I have read, understand, and agree with all that is stated above. If the participant is a minor I certify that I am the participant's parent or guardian and execute this waiver and release from liability on behalf of the participant.

This document must be filled in completely, signed, and dated prior to any participation in activities related to the Swim Program.

Participant's Signature

Signature

Date

Parent's or guardian's signature, include relationship (for participant under 18).

Signature/relationship

Date

Return Completed Form to: Elaine Clay
George School
PMB 4609
1690 Newtown Langhorne Rd
Newtown, PA 18940-2414

Questions? Contact:
elaine_clay@georgeschool.org

For Pool Coordinator Use Only

Date	Program	Amount Paid	Cash	Check #	Full	Pay/swim	Notes
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						
	Community Swim						

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