



In computer _____
by: _____

NAME: _____
Last _____
First _____
Expires: _____

PLEASE PRINT

Swim Lesson Liability

This form is valid for two years from date of signing

Student's Name: First _____ Last _____

Parent's Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

E-Mail _____ Date of Birth _____ Swimmer/ Non-swimmer

Physician's Name _____ Phone# _____

Physician's Address _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

What health insurance do you have: _____ Oregon Health Plan _____ PacificSource

_____ None _____ Other (name of company): _____

May we e-mail you current information regarding our programs, yes or no? _____

I, _____, have voluntarily chosen to participate in a Tamarack Aquatic Center Swim Lesson Program. I understand that there are inherent risks involved in this activity, in and around the Tamarack Aquatic Center pool and I accept any and all responsibility for injury and/or damage, which I may incur during this activity.

Signature

Date

Parent/Child Registration

Parent's Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Date of Birth _____ Swimmer/ Non-swimmer

Emergency Contact Name, Relationship & Phone# _____

Physician's Name _____ Phone# _____

Physician's Address _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

I, _____, have voluntarily chosen to participate in a Tamarack Aquatic Center Swim Lesson Program. I understand that there are inherent risks involved in this activity, in and around the Tamarack Aquatic Center pool and I accept any and all responsibility for injury and/or damage, which I may incur during this activity.

Signature

Date

TWC use only

Entered:

by: