

Petaluma Valley Swim School

SPRING BREAK 2010



REGISTRATION: PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT ENROLLED. PLEASE PRINT CLEARLY.

PARTICIPANT NAME (LAST)	(FIRST)	PARTICIPANT PVAC MEMBER #:			<input type="text"/>
DATE OF BIRTH (MM/DD/YYYY)	GENDER: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	HOW DID YOU HEAR ABOUT PETALUMA VALLEY SWIM SCHOOL?			
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER	
ADDRESS (STREET)		(CITY)	(ZIP)		
EMAIL (PARENT/ADULT) - FOR PROGRAM UPDATES AND INFORMATION.					

+ STOP! PLEASE SIGN THE **MEDICAL CONSENT AND RELEASE OF LIABILITY ON REVERSE SIDE** ▶▶

ENROLLMENT: PLEASE FOLLOW THE STEPS BELOW TO SIGN UP FOR GROUP SWIM CLASSES.

STEP 1 SELECT SWIM LEVEL: *(Please see brochure for swim level requirements)*

WHITE TURTLE RED FROG YELLOW OTTER BLUE DOLPHIN GREEN SHARK

STEP 2 SELECT SESSION & TIME: *(Please indicate your 1ST & 2ND choice for class TIME. We will do our best to accommodate you.)*

- SPRING BREAK SESSION (4/5-4/9):** MON –FRI 10:30am ____ 11:00am ____ 11:30am ____ **\$50/\$60**
Member/Non-Member
- APRIL SESSION (4/12-4/28):** MON & WED 4:00pm ____ 4:30pm ____ **\$60/\$70**
Member/Non-Member
- MAY SESSION (5/3-5/19):** MON & WED 4:00pm ____ 4:30pm ____ **\$60/\$70**
Member/Non-Member

ADD 3 PRIVATE LESSONS TO ANY GROUP CLASS SESSION AND SAVE!

- YES, I would like to add 3 PRIVATE LESSONS to my Group Classes for a discounted price of:** **\$105/\$125**
PLEASE CONTACT MARIA TO SCHEDULE YOUR PRIVATE LESSONS. Member/Non-Member

Take a 10% discount off for additional siblings enrolled in same session.

NO REFUNDS FOR MISSED CLASSES.

PAYMENT: PLEASE INDICATE TOTAL PAYMENT DUE AND METHOD OF PAYMENT BELOW.

TOTAL PAYMENT DUE: \$

*Please submit all sibling forms together to receive **10% discount** for additional sibling(s) enrolled in the same session.*

- CASH CHECK # _____
- CHARGE PVAC ACCOUNT # _____

SIGNATURE: _____

OFFICE USE ONLY

**GUARANTEE
YOUR SPOT
& REGISTER ONLINE
at pvac.com!**

For more information, contact our Aquatics Director at 789-9898 or visit us at pvac.com!

MEDICAL CONSENT FOR NEW PARTICIPANTS ONLY. RETURNING PARTICIPANTS must contact FRONT DESK to confirm record on file.

CHILD NAME (LAST)	(FIRST)			
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
EMERGENCY CONTACT (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
PHYSICIAN/HMO	MEDICAL #	PHONE		

Are there any allergies, medical conditions, or special needs of which we should be aware? YES NO

If YES, please explain: _____

I authorize Petaluma Valley Athletic Club or his/her authorized agent to consent to any medical treatment and/or hospital care, which is given to my child, listed above.

By signing this consent form, I agree that my child is in good physical condition and there is nothing preventing them from engaging in active or passive exercise or from any activity or service offered by Petaluma Valley Athletic Club. I agree to allow my child to participate in all Petaluma Valley Athletic Club activities. **I allow for photographs taken, while at the club, to be used for marketing purposes unless otherwise indicated in writing prior to publication of the images.**

PARENT'S SIGNATURE: _____ DATED: _____

RELEASE OF LIABILITY

I, the undersigned, recognize that the use of the equipment and the facilities of Petaluma Valley Athletic Club involves a risk of physical injury, including that caused by the negligence of myself, my child whose name is listed above, and Petaluma Valley Athletic Club, its agents and employees. I hereby agree to assume the risk of injury in its entirety regardless of the cause.

I agree to assume the risk in my own and my child's participation in any activity, class, program, instruction, or Petaluma Valley Athletic Club sponsored event. I agree that if my child or I engage in any physical exercise or activity or use any Petaluma Valley Athletic Club facility or any of its affiliates or related entities, we do so at our own risk and assume the risk of any and all injury and/or damage while engaging in any physical exercise or activity or use of any club facility on the premises.

I agree that my child and I are voluntarily participating in the aforementioned activities and voluntarily using the Petaluma Valley Athletic Club facilities. I agree to assume all risk of injury, illness, damage, or loss to me or my child or our property that might result, including, without limitation, any loss or theft of any personal property, injuries or damages that might result from the negligence of Petaluma Valley Athletic Club or any of its affiliates, employees, agents, representatives, successors, and assigns.

I agree on behalf of myself and all of my personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Petaluma Valley Athletic Club and its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action known or unknown arising out of the negligence of Petaluma Valley Athletic Club or any of its affiliates, employees, agents, representatives, successors, and assigns. I further expressly agree that the foregoing release of liability agreement is intended to be as broad and inclusive as permitted by the law in the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS **RELEASE OF LIABILITY** AND FULLY UNDERSTAND THAT IT IS AN ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS **RELEASE OF LIABILITY**, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PETALUMA VALLEY ATHLETIC CLUB OR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR IT'S NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE **RELEASE OF LIABILITY** AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

PARENT'S SIGNATURE: _____ DATED: _____