



## PLANET SWIM SCHOOL REGISTRATION 2017/2018

PLEASE PRINT LEGIBLY

1. Child's Name \_\_\_\_\_ 2. Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Swimsuit size: \_\_\_\_\_

Swimsuit size: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ 4. Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Swimsuit size: \_\_\_\_\_

Swimsuit size: \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Occupation \_\_\_\_\_

Parent Email: \_\_\_\_\_ Occupation \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## EMERGENCY INFORMATION

(Must be filled out completely)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Insurance company's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(Other than parents)

## MEDICAL HISTORY

(Please specify which child)

Allergies \_\_\_\_\_

Medications Taken Regularly \_\_\_\_\_

Chronic Medical Problems \_\_\_\_\_

Any past Broken Bones \_\_\_\_\_

Any past Surgeries \_\_\_\_\_

Anything we should be aware of to better teach your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

*I have read and filled out all of the above information to the best of my knowledge. I agree my signature indicates my understanding of the services Planet Swim LLC is providing.*

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date

## WAIVER/RELEASE OF LIABILITY, CONSENT TO USE IMAGE

*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 Planet Swim School swim lessons program and hereby agrees to indemnify and hold harmless Planet Swim LLC, its instructors, coaches, volunteers, officers, directors, agents, independent contractors and employees against any liability resulting from any injury that may occur to the participant while participating in swim lessons program. The participant also agrees to indemnify Planet Swim LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Planet Swim LLC to have the participant treated in any medical emergency during their participation in swim lessons program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware of.

*PLEASE READ CAREFULLY BEFORE SIGNING.*

I (parent/legal guardian's first and last name) \_\_\_\_\_ authorize Planet Swim LLC to use photographs and Audio/Video recordings of my child, \_\_\_\_\_, taken during the aquatic activities and events related to Planet Swim LLC.

By signing this document, I consent to Planet Swim LLC the use of these images, audio, and video in print/online communications and marketing materials.

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

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date



**City of Green Cove Springs Waiver, Release, and Indemnification for  
Use of Municipal Pool Premises, Facilities and Equipment**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address: \_\_\_\_\_ State: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

In consideration of being permitted to enter now and in the future the City of Green Cove Springs municipal pool premises for any purpose, including but not limited to observation, use of the facilities or equipment, swimming, or participation in any way, the undersigned, for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will inspect the municipal pool premises and facilities. It is further warranted that such entry into the City of Green Cove Springs municipal pool premises for observation, use of the facilities or equipment, swimming, or participation in any way, constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected by the undersigned and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation and use outlined herein.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NOW AND IN THE FUTURE THE CITY OF GREEN COVE SPRINGS MUNICIPAL POOL PREMISES FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, SWIMMING, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the City of Green Cove Springs (hereinafter referred to as "City"), its elected officials, officers, employees and agents for all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned's person or property, or resulting in death of the undersigned, whether caused by the negligence of the City or otherwise while the undersigned is in, upon, or about the premises, or using any facilities or equipment thereon; and
2. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby agrees to indemnify, save and hold harmless the City from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the City municipal pool premises or in any way observing or using any facilities or equipment of the City, whether caused by the negligence of the City or otherwise; and
3. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the City or otherwise while in, about or upon the premises of the City municipal pool, and while using any facilities or equipment thereon; and
4. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, assigns, heirs and next of kin, further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

**ADDITIONAL PROVISIONS:**

The undersigned understands that the City of Green Cove Springs is NOT responsible for personal property which is lost, damaged, or stolen while on municipal pool premises or using pool facilities or equipment.

The undersigned understands that no accident or medical insurance is provided for pool patrons.

**ACCEPTANCE**

I have read, understand and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made to me by anyone.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian, if applicable

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Children's Names (printed), if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

