

School District of Hatboro-Horsham

Community Aquatics Program

Registration Form

A new form is required each session

Participant Information:

Name of Each Participant (<u>Last Name</u> , First Name)	Current Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____ Phone (Home): _____

City: _____ State: _____ ZIP: _ _

Hatboro-Horsham Resident? YES NO

PLEASE NOTE ANY MEDICAL CONDITIONS THAT THE COACHES NEED TO BE AWARE OF: (I.E., ASTHMA, DIABETES, and EPILEPSY)

Fathers Name or Guardian (Last name, First name):

Mothers Name or Guardian (Last name, First name):

Fathers or Guardian's Cell: _____

Father or Guardian's Email: _____

Mothers or Guardian Cell: _ _ _ _ _

Mothers or Guardian's Email: _____

Emergency Contact:

Name: _____

Relationship to Participant(s): _____

Phone#: _____ Cell: _____

Hold Harmless Agreement: Any participant and/or guardian, in consideration for the School District of Hatboro- Horsham providing facilities, instruction and/or supervision in the activity for which he/she has registered does hereby:

1. Agree to abide by the rules of the pool program as set forth by the Hatboro-Horsham School district and/or aquatic staff.
2. Agree to assume all risks and responsibilities of the possible damage or injury involved through participation in said activity. I understand that I am to furnish my own insurance in case of injury
3. Request permission to participate in the activity within the full knowledge that the said activity could result in damage or injury to the participant.
4. I agree to indemnify and hold harmless the school district of Hatboro Horsham and its agents from liability for personal injury or property damage resulting from my participation in said activity.
5. Agree to prepay all fees and charges associated with the participation in the school district of Hatboro Horsham programs or activities for which he/she is registering; waive the right to dispute all proper charges once registered and/or participated in said program or activity for which the registration is received.

Parent or Guardian Signature: _____