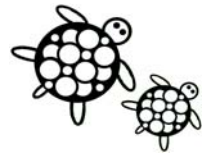


# Hubbard Family Swim School

## 2009 Swim Lesson Registration/Release

### Friday Fun Swim Release Form

#### for Arizona Sunrays Summer Camp



***Please return to the Sunrays Camp Director***

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phones: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
 Email \_\_\_\_\_

Please select a swim class level that you think best describes your child's ability.

- Tadpole Introduction for the nervous student to become comfortable under water.
- Goldfish For the swimmer who is happy and comfortable underwater but has not caught a breath on their own.
- Jellyfish Primary skills are developed. Must be able to take 3 consecutive breaths unassisted. This group works on strength, self-confidence, and back floating.
- Octopus Students in this group must be strong swimmers. They will work on side breathing and big arms on backstroke.
- Lobster Team level swimmers will work on all four competitive strokes.

Please tell us if there is anything we should know about your child and previous water experiences:

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*We are excited about the opportunity to work with your child in the water this summer and will do all we can do to make sure that it is a rewarding experience.*

### **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant, hereby grants authorization to the **Hubbard Family Swim School**, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant. Each of the undersigned further agrees that neither the **Hubbard Family Swim School**, nor other representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

### **INFORMED CONSENT AND WAIVER/RELEASE**

I, the undersigned, as the parent or legal guardian of the child listed on this application in consideration of the request and permission of my son/daughter to participate in the Hubbard Family Swim School's programs, including, but not limited to Swim Lessons and Swim Squads, **hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge HFSS officers, agents and employees from and waive any and all claims and demands whatsoever** which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Hubbard Family Swim School, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the Hubbard's Family Swim Schools, including, but not limited to **paralyzing injuries, brain injuries, and death**. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in HFSS programs.

**PHOTOS:** I also understand that **Photos** are occasionally taken at HFSS and that any photo taken of my child may be used for HFSS publicity purposes.

**I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.**

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

13832 N. 32<sup>nd</sup> Street Phoenix, AZ 85032    [www.HubbardSwimSchool.com](http://www.HubbardSwimSchool.com)    (602)971-4044