

CONTACT INFO

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Ability level: \_\_\_\_\_  
Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Ability level: \_\_\_\_\_  
FAC Member? (children must be listed on membership) YES \_\_\_\_\_ NO \_\_\_\_\_  
Parent's name: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent contact info: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Caregiver contact info: Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

LIABILITY WAIVER

In consideration of the acceptance of my child into the Flatiron Youth Aquatics Program, I, the undersigned parent or legal guardian of the child, hereby fully release, discharge and hold harmless Flatiron Athletic Club and the officers, directors, agents, employees, volunteers, contractors, and lessons of any of the foregoing persons or entities from any and all liability arising out of any damage, loss, illness, injury, or death of my child while participating in any aspects of the Flatiron Youth Aquatics Programs. I also covenant with the aforementioned persons or entities not to sue and such persons or entities for any reason associated with the Flatiron Youth Aquatics Programs.

I certify that I have represented by my child's application/enrollment in the FAC swim program, that my child's physical condition is adequate to participate SAFELY (without any health risk) in the activities offered in this program.

In the event of any emergency or accidental injury, I understand that every possible attempt will be made by a Flatiron staff member to reach the parent or emergency contact person listed below. However, in the event neither can be located, I the undersigned, hereby grant permission for my child to receive emergency medical treatment. I understand and authorize Flatiron Athletic Club staff to first contact any necessary medical personnel if the situation warrants, then contact the parent or emergency contact person. I also acknowledge that the above person and entities have no obligation to provide such care and have not undertaken the responsibility to do so.

I am providing my health insurance information, at will, to expedite any medical treatment in the event of an emergency.

I accept all financial responsibility associated with program registration and other necessary fees for my child to participate in Flatiron Youth Aquatics Programs.

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**The following information MUST be completed in full before lessons can begin.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent or Legal Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Policy holder's name \_\_\_\_\_ Provider \_\_\_\_\_ Group # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Any other medical or physical conditions, or learning disabilities we should be aware of? \_\_\_\_\_

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**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_