

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

SEALS Swim Team Registration

Must be able to swim 25 yards unassisted and follow instructions from a coach on deck.

1. General Information

Applicant's Name

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____

Under 21 Years Old

Over 21 Years Old

Parent/Guardian Name

Prefix: ___ First Name: _____ Last Name: _____

Address: _____

Email Address: _____

Cell Phone: _____

Other Phone: _____

Emergency Contact: _____

Can the applicant swim 25 yards unassisted and follow instructions from a coach on deck?

Yes

No

2. Medical Information

What is the applicant's diagnosis?

Please note that this program is offered to special needs individuals who are not capable of being integrated into an able-bodied program.

- Autism
- Cerebral Palsy
- Down Syndrome
- Other _____

Are there any other medical concerns?

- Yes
- No

If YES, please list _____

Is there anything else that you feel we should know about the applicant?

- Yes
- No

If YES, please list _____

3. Photography Permission

- Yes, you may use photos of the applicant; or
- No, please do not photograph the applicant

4. Waiver and Release of Responsibility/Health Form

Please complete and sign the Release and Discharge Waiver and Acknowledgment of Risk on the next page, then return it to Carolyn Hanna at channa@spcommunitycenter.org with your application.

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Release And Discharge Waiver And Acknowledgment Of Risk

Participation in Severna Park Community Center, (SPCC) activities, including the use of facilities and equipment, is completely voluntary. There are risks and hazards, minor and serious, associated with participation in any activity, especially including aquatic and fitness related activities.

In consideration of SPCC accepting me and/or my children in any SPCC programs or activities, I hereby voluntarily release and further discharge SPCC, its officers, directors, agents, and employees from any and all liability or claims for any injury, illness, death or damage to myself and/or my children or my property arising out of or in any way connected with my and/or my children's participation in any SPCC program or activity.

This Release and Discharge specifically includes, but is certainly not limited to, liability or claims based upon the ordinary (not gross or willful) negligence, acts, or omissions of SPCC, and its officers, directors, agents, or employees.

I further agree, promise and covenant not to sue, serve or otherwise maintain any claim against SPCC or its officers, directors, agents, or employees for any injury, illness, death, or damage to myself, my children, or my property, including but certainly not limited to, the aggravation of any pre-existing injuries or physical conditions and/or allergies arising from or in any way connected with my participation in any activities or programs.

I further agree that I will make known to SPCC, its officers, directors, agents or employees any known pre-existing injuries or physical conditions, including but not limited to allergies, prior to my acceptance in any program or activity.

I further agree to indemnify and hold harmless SPCC, its officer, directors, agents, servants and employees from any and all claims, demands, actions and judgments arising at any time out of or in any way connected with my and/or my children's use of the SPCC facilities at the Severna Park Community Center.

I agree to accept and assume all responsibility for and risk of personal injury, illness, death or damage to myself, my children and our property arising from participation in any activity or program. My, and my children's, participation is voluntary.

I choose to participate in these activities or programs in spite of any named or other unnamed risk. I am solely responsible for deciding to participate in any activities or programs and am solely responsible for deciding whether my children will participate in any activities or programs. Signature verifies agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ACKNOWLEDGEMENT OF RISK AND I SIGN IT OF MY OWN FREE WILL FOR MYSELF AND FOR MY CHILDREN, AS THEIR LEGAL GUARDIAN.

Parent/Guardian/Adult Participant Signature:

Printed Name: _____ Date: ____/____/____

Printed Names of Children:

