



Fred Ender Municipal Pool

Starfish Swimming®

Youth Group Registration Summer 2022



Student Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email address for report cards and lesson contact (only needed the first time you register for classes) _____

Student Date of Birth _____ Age _____ Sex _____

Does the student require any special needs or medical problems we should know about? Please circle. Yes No

If yes please explain so our staff can better serve the student:

- PLEASE READ**
- I understand that all spectators must watch lessons from outside.
 - I understand that missed lessons cannot be made up.
 - I understand that shoes must be removed before entering the locker room.
 - I agree to adhere to pool rules, policies, and procedures.
 - I understand that all sessions and levels a subject to staff availability.
- Print Name _____
- Sign Name _____ Date _____

COURSE INFORMATION (Completed by Front Desk)

Step 1 Circle Session	Step 2 Circle Program	Step 3 (ages 3 1/2-6 1/2) Circle Pre-swim School Level	Step 3 (ages 6 1/2+) Circle Swim School Level	Step 4 Time
#2 August 1st-12th	StarBabies& StarTots™ 6 months-3 1/2 yrs	Tadpole (White)	White	AM
	Starfish Pre-Swim school 3 1/2 -6 yrs	Jellyfish (Red) Otter (Yellow)	Red Yellow	PM
#3 August 15th-26th	Starfish Swim School 6 1/2+	Porpoise (Blue/Green)	Blue	_____
	Starfish Stroke School Ages 6 1/2+	Sharks (Stroke School)	Green	_____

To Be Completed by Front Desk

Fee Circle One		
	\$33.00 Star Babies/Tots 6 months-3years	
	\$43.50 Pre-Swim School 3 1/2 -6 years	
	\$38.50 Swim School 6-12 years	
	\$38.50 Stroke School/Sharks	
Fee	Amount Due	Initials

Method of Payment Circle One

Cash Check # _____ Card Gift Cert Lesson Credit (date of payment)
Del Norte Healthcare District

Notes:

Lesson Reminder Given?	
Yes	No
Yes	No

Student's Name: _____ Age: _____

Parent/Guardian Name: _____ Phone No.: _____

Emergency Contact Name: _____ Phone No.: _____

AUTHORIZATION TO SEEK MEDICAL TREATMENT

I hereby authorize any employee, agent, or representative of the City of Crescent City ("agent") to seek and consent to any x-ray examination, anesthetic, medical, surgery, diagnostic, treatment, and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon under the provisions of the Medical Practice Act. This permission is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, and hospital care which, in the exercise of his or her judgment, may be advisable.

I hereby authorize any health facility which has provided treatment to the above-named child pursuant to the provisions of Section 6901 (dental), 6902 (medical), 6903 (parent/guardian) and 6910 (authorization to seek treatment) of the Family Code to release such child to the aforesaid agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code.

Signature: _____

ASSUMPTION OF RISK, INDEMNIFICATION & RELEASE OF LIABILITY

I understand the risks of injury and illness (incl. communicable diseases such as MRSA, Influenza, and COVID-19) to my child from the activities involved are significant, including the potential for permanent disability and death, and that while rules and safeguards reduce these risks, the risks of serious injury and illness do exist. On behalf of myself, my spouse, and my minor child, I freely assume all such risks. I agree to indemnify and hold harmless the City of Crescent City and its officers, employees, representatives and agents from any and all causes of action, claims, liabilities, obligations, judgments, or damages, including reasonable attorney's fees, arising out of said child's participation in the program, including the City's active or passive negligence, except for such loss or damage arising from the sole negligence or willful misconduct of the City. Further, I hereby release the City of Crescent City and its officers, employees, representatives and agents from any and all causes of action belonging to said child or said child's parent(s) or legal guardian(s) resulting from the participation of said child in the program, except for losses or damages arising from the sole negligence or willful misconduct of the City.

Signature: _____

REFUND POLICY

There are no refunds after the first day of the session. If you cancel in advance, you may choose between a credit (for another child or another session) or you may fill out a form to request a refund from the City. If the request for refund is approved, a check will be mailed to you within 3-4 weeks. We do not give cash refunds.

PHOTO RELEASE

I hereby authorize the City of Crescent City to publish photographs taken of my minor child for use in the City's promotional materials, including social media posts. I release the City of Crescent City from any expectation of confidentiality for my minor child.

[] Yes [] No

By signing below, I affirm that I have read the foregoing terms and voluntarily agree to be bound by them.

Signature: _____ Date: _____

PERMISSION TO PARTICIPATE

Having read and understood the terms of this agreement, I hereby give permission for my child to participate in the City of Crescent City's swimming lesson program.

Signature: _____ Date: _____