

Lifestyle Swimming Instruction

1811 S Canonero Way, Boise, ID 83709
208-378-4509

First Participant's Name (please print) _____
Age _____ Birth Date _____
Second Participant's Name (please print) _____
Age _____ Birth Date _____
Third Participant's Name (please print) _____
Age _____ Birth Date _____
Fourth Participant's Name (please print) _____
Age _____ Birth Date _____
(Others) _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone(s) _____, _____
Email Address (print clearly please) _____

If any participants are children, print the names of parent(s) and/or legal guardian(s);

Parent(s) and/or legal guardian(s) signature: _____

Release of Liability

I _____, understand that there are inherent risks associated with activities around a swimming pool and, more specifically, with the program offerings of LSI, Inc., and that prior to beginning any program involving physical exertion, the participant (I/my child) should obtain medical clearance from a physician. I understand that medical emergencies, injuries and complications can occur as a result of strenuous physical associated with swimming, swimming pools and LSI, Inc. such as: the pool, changing rooms, common areas, equipment in and out of the pool building, steps, parking lot and surrounding areas. The risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death. I know that the pool at LSI is 3.5-10 ft deep. I voluntarily consent to attend or participate or have my child/children attend or participate in activities at LSI, Inc. I further release LSI and its leaders, employees, and volunteers from any claim that my child or children I am responsible for, may have against them as a result of injury or illness incurred, while on LSI premises. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against LSI and its leaders, employees, and volunteers. I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I may

have against LSI, Inc. and instructors, employees, owners thereof, in connection with or from participation in such above-described activity and or siblings waiting to swim or children I am responsible for, while I am on LSI's property.

Medical History

1. Are there any known physical defect or illness, which might interfere with the above his/her participation in strenuous activity? If so, please explain.

2. Are there any severe allergies or reactions to drugs or medicines? If so, please explain.

3. Are there any emotional/social disabilities that would be helpful for LSI to be aware of?

4. Please list all care takers information of the above applicant. This helps with communication on both sides.

Name(s) _____ Relationship _____

Phone _____ Cell Phone _____

Email _____

Health Insurance

Health insurance information: Insurance company _____

Policy Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of person and telephone numbers to call in case of emergency:

Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Other Information

Other information LSI should know about the above participant:

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or other children in my present in my care may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for Susanne or other LSI staff to seek and secure any medical attention or treatment including hospitalization, if such need arises. In doing so, I agree to pay all fees and costs, arising from this action, to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Publicity

On occasion, LSI takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed. This consent includes but is not limited to: photographs, videotape and audio recordings.

Rules and Regulations

- All participants whether adults or children must have a signed waiver on file.
- The **TOTAL** deposit is due the first week of class or a \$5.00 charge will be added for each week that follows.
- There is a \$10.00 charge for any bounced checks.
- Only registered able students are to use LSI equipment
- A parent or an adult responsible for the children must be present in the facility, unless parent has signed a release form.
- Instructor(s) must be on duty before anyone enters the pool area.
- LSI is not responsible for valuables, jewelry or articles brought into the facility or onto the facility grounds that are lost, stolen or damaged.
- If by your choice you missed your class, there will be no make-ups.
- Half sessions are offered.
- Children who are not potty trained must wear swim diapers under their elastic bathing pants. Swim diapers are sold at LSI.
- Remove band-aids (distraction and clog filter), gum (choking hazard) and jewelry.
- No running, pushing, shoving, horseplay, profanity, and any other behavior that might disrupt or harm.
- Long hair must be secured. LSI recommends wearing swim caps. LSI sells several kinds of good swim caps.
- Glass items are prohibited.
- No one should swim with open sores, contagious skin conditions such as molluscum contagiosum (viral disease of skin), pink eye or diarrhea, etc. Chicken pox scabs must be completely gone. A doctor's release note may be required with certain skin conditions when returning to the pool.

- Swimmers must shower before entering the pool.
- Good goggles are recommend and sold at LSI
- Please change in changing rooms provided and leave bathroom open for other(s) to use.

By signing this form, I declare that:

- I agree to inform LSI of any changes in my health, or medical condition.
- I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.
- I understand full payment is due the first week of class or I will be charged \$5.00 each week afterwards.
- I understand that the failure to follow rules and policies will result in loss of privileges at LSI.
- I also expressly assume all risks of all children I am responsible for bringing on LSI premises, whether such risks are known or unknown to me at this time.
- I and those in my care will comply with all LSI Pool Rules.
- LSI reserves the right to request anyone to leave the facility for failure to comply with the above mentioned guidelines.

Signature of Applicant or
Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian