

MG Pool Swim Lessons Registration Form

Mail to: Molly Hancock, Aquatic Director, 4400 Monona Dr. Monona, WI 53716

Participant's Last Name _____

Parent's First Name _____

Street Address _____

City _____

State _____

Zip _____

Home Phone _____

Alternate Phone _____

Email Address (used for schedule updates/cancellations/program information) _____ @ _____
 New Email Address

Session	Day	Time	Swim Level	First Name	Sex	Birth Date	Fee
Medical Conditions/Allergies: _____						Total Fee:	Payable to MG Pool

Refund Policy: Refunds are given only if registration is cancelled one week prior to program start date. Refund requests for medical reasons require a physician's authorization before a refund will be given. If the Monona Grove Pool must cancel a program a full refund will be given. Refunds may be held as credit to be used only for future swim lesson registrations.

State of Wisconsin Pool Rules & MG Pool Safety Policies & General Information

- Do not enter the pool if you have a communicable disease or an open cut.
- Do not bring food, drink, gum, alcohol or tobacco into the pool area.
- Shower before entering the pool and after use of toilet facilities.
- Do not run or engage in rough play in the pool, deck, or locker room areas.
- Do not bring animals into the pool area.
- Diaper changing on the pool deck is prohibited.
- Those not toilet trained must wear a reusable or disposable swim diaper.
- Glass and shatterable items are prohibited in the pool, deck, or locker room areas.
- A lifeguard's primary duty is to respond to emergencies, supervision of children is the parent's responsibility.
- Children under 10 years must be supervised by an adult 18 years or older.
- MG Pool maintains the right to open/close/combine classes/programs.
- The lifeguards on duty are in charge at all times.
- No playing on or jumping from pool ledge/railing along lane 8.
- Diving is allowed only in 7 ft of water at South end of pool.
- Coastguard approved lifejackets, water wings, and flotation swimsuits are permitted only with in-water supervision.

Waiver on reverse must be signed for registration to be processed.

OFFICE USE: Amount Paid: \$ _____ Date: _____ Cash _____ Check # _____ Staff: _____

MG POOL SWIM LESSONS WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program listed on reverse, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity - including death, which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from negligence, injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent/guardian of a participant), I hereby grant the District permission to use my or my child's image, video form, or voice in photographs, videotapes, internet website or other materials prepared or released by the District for promotional, safety, or instructional purposes. I release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the district.

I have read and fully understand the above Program Details, Waiver and
Release of All Claims and Permission to Secure Treatment.

Printed Name

Signature

Date