

Cocoa Beach Aquatic Center
Jeff Ellis Swimming Registration

Swimmer _____ Age _____
Address _____
City _____ Zip Code _____
Parent/Gardian _____
Phone Number (home) _____ (cell) _____
Email address _____
Are there any medical conditions/allergies we should be aware of?

ALL CLASS TIMES are 9 – 9:45 am

Please CIRCLE CLASS:

Preschool Beginner Advanced Beginner Private

Please CIRCLE Program dates:

Week 1: June 4 – 7, 2017

Week 4: June 25 – 28, 2017

Week 7: July 23 – 26, 2017

Week 2: June 11 – 14, 2017

Week 5: July 9 – 12, 2017

Week 3: June 18 – 21, 2017

Week 6: July 16 – 19, 2017

Cost: City of Cocoa Beach Residents \$36/week Non- City of Cocoa Beach Residents \$40/week.

CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND INDEMNIFICATION

THIS CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND INDEMNIFICATION is executed by the undersigned as follows:

I/we are aware, and acknowledge that my/our child/ward is participating in athletic activities at public parks, venues or facilities owned or operated by the CITY OF COCOA BEACH, FLORIDA. I/we and our child are fully aware of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletic activities located at venues, parks or facilities owned or operated by the City of Cocoa Beach, Florida. With full understanding of the risks involved, I/we release and hold harmless the City of Cocoa Beach, Florida from any and all responsibility and liability for any injury, claim or damages resulting from such athletic participation at venues owned or operated by the City of Cocoa Beach, Florida and agree to take no legal action against the City of Cocoa Beach, Florida, and hereby waive any and all rights to same, because of any accident or mishap involving my/our child. I/we further agree to indemnify and defend the City of Cocoa Beach, Florida against any and all claims, demands, judgments, suits, causes of action, damages or awards against the City of Cocoa Beach, Florida arising in any way from my/our child's/ward's participation in interscholastic athletics at venues, parks or facilities in the City of Cocoa Beach, Florida, and will defend said City up through trial, and on appeal.

I/WE HAVE READ THIS CONSENT, ACKNOWLEDGEMENT, WAIVER, RELEASE AND INDEMNIFICATION CAREFULLY AND ARE AWARE AND UNDERSTAND IT CONTAINS A RELEASE, WAIVER AND INDEMNITY PROVISION.

Print Name of Participant

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

For Office Use:

Amount paid: _____ Cash: _____ or Check #: _____ Name on check: _____

Receipt #: _____