

NORTHCREST SWIM CLUB
WATER AEROBICS REGISTRATION FORM

Participant's Name _____

Membership Name: _____

Nonmember

Amount paid: _____

Make Checks payable to NORTHCREST SWIM

Release: I hereby recognize and acknowledge that my participation in recreational activities may involve bodily and/or emotional injury. I, myself, my heirs, my executors and administrators, hereby voluntarily release, waive and discharge Northcrest Swim, its officers and members from and any all liability except that caused solely by negligence of Northcrest Swim Club or its employees that may result from participation in Northcrest Swim Club activities.

Emergency Treatment: I hereby authorize Northcrest Swim Club staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that my insurance or I will be billed for such emergency treatment.

Signed _____

Date _____