



City of  
Indian Harbour Beach  
Department of Community Services  
1233 Yacht Club Blvd.  
Indian Harbour Beach, FL 32937  
Phone: 321-773-0552

**NO REFUNDS  
CAN BE GIVEN  
FOR SWIM  
LESSONS OR  
SWIM TEAM**

## **Registration & Release Form Swim Lessons and Swim Team**

**Swim Lessons:** (Circle One) **Session #:** 1 2 3 4 **Class:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ **For office use:** Pre School: Beg. Int. Adv.

**Swim Team Only:** (Circle One) **Mon /Wed: Ages: 9-15** or **Tues/Thurs: Ages: 6-8**

**\*Must have required skills to register:** (Must be 6 years of age on June 2nd)

1. 25 yards (one length of pool) – front crawl with some breathing.
2. 25 yards (one length of pool) – swim on back.
3. 30 seconds tread water.

\_\_\_\_\_ Please acknowledge: If your child does not meet skill set on the first day of swim team, you will be offered a refund or you may register for swim lessons if available.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ (as of June 2<sup>nd</sup>)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent's Name(s) [if under 18]: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Special medical considerations (allergies, disabilities, etc.): \_\_\_\_\_

### **Accident Release, Indemnity and Financial Responsibility Waiver**

I am aware of the recreation, health, and fitness programs provided by the City of Indian Harbour Beach, Community Services Department, and understand the inherent dangers involved with my/our participation in these programs and the danger involved in transportation to and from these programs, including the risk of accidental death and/or personal injury, or damage to myself and to those for whom I am responsible, and/or my property while participating in such programs. I further understand and acknowledge that participants in such programs are not covered under insurance by the city, and that the city would not allow my participation in such programs absent my signing this release. I, therefore, freely and voluntarily execute, on behalf of myself and as parent and/or guardian of a minor, this release and with such knowledge assume all the risks involved.

I authorize and grant permission to the representatives of the City of Indian Harbour Beach Community Services Department to obtain medical care from any licensed physician or hospital and/or medical clinic should I or those for whom I am responsible, become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization for emergency treatment.

I hereby release and forever discharge the City of Indian Harbour Beach, the City of Indian Harbour Beach's Community Services Department, its employees, officers, councilmembers, administrators, managers and any and all agents of the department and the City from any liability, claim, cause of action, demand or damages for injury, death, or damages of any kind to me or to those for whom I am responsible, or my property as a result of my/our participation in the recreation, health and/or fitness programs of the City of Indian Harbour Beach. I further waive, release, absolve and agree to indemnify and hold the City harmless, as a result of my/our participation in any recreational, health and/or fitness program sponsored by the City of Indian Harbour Beach. As part of this release and indemnity I understand that \*\*COVID-19, has been declared a worldwide pandemic by the WHO. Covid-19 is extremely contagious and is believed to spread mainly from person-to-person contact. City of Indian Harbour Beach has put in rules regarding the use of and attendance at the pool to attempt to reduce the spread of Covid-19; however, The City of Indian Harbour Beach cannot guarantee that any person who uses the pool will not become infected with Covid-19 or any other illness. I understand and agree that this release and indemnity applies in the event that I or any person that I, on behalf of executed this document, contracts COVID-19 as a result of participating in the activities offered by the City of Indian Harbour Beach and the City of Indian Harbour Beach Rec. Services D

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If student is a child under the age of 18 , a parent or legal guardian must sign this form.**