Summer 2013
SWIM LESSONS

PRICES
$45  PER SESSION
(Wellness Center Members*)
*must be current
$55  PER SESSION
(Non-Members)

Monday, Tuesday & Thursday Schedule
Session 1: June 3rd - June 13th
Session 2: June 17th - June 27th
Session 3: July 8th - July 18th
Session 4: July 22nd - August 1st
Session 5: August 5th - August 15th
Session 6: August 19th - August 29th

4:00 – 4:45pm..........Preschool (Ages 3-5)
5:00 – 5:45pm..........Level 1 (Ages 6+)
6:00 – 6:45pm..........Adult (Ages 13+)

SATURDAY SESSIONS (No class July 6th)
Session 1: June 8th - August 3rd
9:00 – 9:45am.............Preschool (Ages 3-5)
10:00 – 10:45am...........Level 1 (Ages 6+)
11:00 – 11:45am..........Adult Class (Ages 13+)

PARENT&ME CLASSES NOW AVAILABLE!
REGISTER TODAY!
Visit the AAMU Wellness Center
Front Desk or call to learn more
256.372.7000
Alabama A&M University Wellness Center
Community Group Swim Registration Form

Student’s Name: ____________________________________________________________

Parent’s Name: ____________________________________________________________

Address: __________________________________________________________________

Contact Phone: (___)__________________________  Cell Phone: (___)__________________________

E-mail: _____________________________________________________________________

Emergency Contact Person: ____________________________________________________

Contact Phone: (___)__________________________  Cell Phone: (___)__________________________

Alternate Emergency Contact Person: ____________________________________________

Contact Phone: (___)__________________________  Cell Phone: (___)__________________________

Consent to Provide Emergency Care: ____________________________________________

_Waiver & Release of Liability, Assumption of Risk & Indemnity, and Emergency Care Permission_

Please Read Carefully Before Signing Because This Is A Release of Liability and Wavier of Certain Legal Rights. It Also Grants Permission for Emergency Care.

In consideration of permitting me, (swimmer’s name) __________________________, to enroll in a swim instructional course conducted by any staff member(s) of Alabama A&M University Wellness Student Health and Wellness Center, in the city of Huntsville, AL, beginning on the _____ day of _____________, _____.

I hereby acknowledge that swimming classes is potentially dangerous activity and involves the inherent risk of serious injury, death and or/ property damage in and under the water as well as on the pool deck itself.

I hereby release, waive, discharge and agree not to sue Alabama A&M University or the Alabama A&M Student Health and Wellness Center, their facilities, staff or any of its officers, instructors, agents or employees ( the Releases ) from all liability to myself, my minor child (ren), my personal representatives, signs, heirs and next of kin for any and all loss or damage and any claim or demands therefore on account of injury to my person or property or resulting in my death, now and forever, arising out of or relates to participation in said course or any related swimming operations that may occur, whether caused by the negligence of the releases or otherwise.

I hereby assume full responsibility for any risk of bodily, injury, death or property damage, now and forever, arising out of related to participation and/or instruction in said course, activities or any other swimming operations, whether caused by the negligence of Releases or otherwise.
I hereby acknowledge that injuries received may be compounded or increase by negligent rescue operations or procedures of the Releases and agree that this Waiver and Release of Liability extends to all acts of negligence by Releases, including negligent rescue operations and is intended to be as broad and inclusive as permitted by laws of the State in which the activities are conducted, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that it is my responsibility to provide for my own and/or your child (ren)’s own accident and health coverage while participating in swim program.

In the event I cannot be reached and/or am incapacitated or otherwise able to give consent, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital, when deemed immediately necessary to safeguard myself/my child(ren)’s health. I relieve Releases of any and all responsibility for action(s) taken by the doctor(s), hospitals, or other medical care providers in the treatment and attendance of me or my child.

If participant is 18 or older sign here:

Participant’s Printed Name: ______________________________________________________

Participant’s Signature: _______________________________________________________

Date: ____________________________

Witness’ Signature: _________________________ Date: _____________________________

If participant is under the age of 18 please read and sign:

As the parent or guardian of the above named minor child, I am signing this document on behalf of my minor child, and on behalf of my child, myself and the other parent or responsible parent of said child, agree to be bound to all the terms and conditions of the Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and hold harmless the above named Releases. Additionally, I understand the risks of injury while swimming and have had the opportunity to personally discuss the activities or swim program with a staff member prior to commencement of my minor child’s swimming experience:

Parent’s Printed Name: ______________________________________________________

Parent’s Signature: _______________________________________________________

Date: ____________________________

Witness’ Signature: _________________________ Date: _____________________________