Aquatics Registration Form - Spring 2017

Parent Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Participant Name	Member? (Yes or No)	Taken WARF classes before? (Yes or No)	Date of Birth	Gender (M/F)	1st choice class code/block	2nd choice class code/block
Example: Smith, Jane	Yes	Yes	10/02/2005	F	MPWM1 Block 1	SPWL12 Block1

PROBLEM REGISTRATIONS: Mail-in registration forms that are incomplete can not be processed. You will be notified by phone and requested to come in and correct the problem(s). Examples: no signature at the bottom of registration form, no payment or incorrect class information. If contact cannot be made, the registration will be returned by mail.
WAIT LIST: If a class reaches the maximum number of participants, we will put you on a wait list and make every effort to either create an additional class or add an aid to the existing class.
CLASS MINIMUM REQUIRMENTS: All classes must meet the minimum number of participant's required. If your class selection does not meet the minimum, you will be notified by phone or email prior to the scheduled start date. All classes that do not have the minimum number of participants will a) be combined with another similar class to meet the minimum requirements or b) be cancelled. If you have indicated on your registration form a second choice of class, we will move your child to that class and will make every attempt to notify you of the change.
CLASS CANCELLATION AND REFUND POLICY: If you cancel your class prior to the first scheduled day, you will receive a credit for another class in another session. If the WARF cancels a class due to low enrollment and we cannot place you in another suitable class, you will receive a credit to another class in another session. If you are not able to participate in another session, please fill our a refund request form to be reviewed by management staff. Please allow 6-8 weeks for a check refund. If you cancel your class prior to the first day of your scheduled class you will receive a refund minus a $10.00 cancellation fee. After the first day of your scheduled class you will receive a refund minus $20.00 cancellation fee.
CLASS MAKE-UPS: You may only attend classes for which you are registered. No make-ups are allowed in other classes. If the WARF cancels a class, every effort will be made to provide a make-up class. No make-ups or refunds are given for missed lessons due to personal reasons.
RETURNED CHECK POLICY/CHARGES: Returned checks will result in a $25 service fee. This fee will be payable by cash or credit card only. The WARF cannot re-deposit returned checks.
PHOTO WAIVER: By signing below I give permission for photographs of the above participants to be taken during the registered programs and used for WARF marketing related purposes. Additionally, I waive any right to royalties or other compensation arising or related to the use of these photographs.
WAIVER: In consideration of being allowed to participate in any way in Warrenton Aquatic & Recreation Facility programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: 1) the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist: and 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest instructor immediately and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS WARRENTON AQUATIC & RECREATION FACILITY, TOWN OF WARRENTON, VIRGINIA, its elected officials, officers, employees, instructors, agents, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT SIGNATURE _____ **DATE** _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION):
This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I do also release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

GUEST/MEMBER # _____ DATE RECEIVED ___/___/___ STAFF SIGNATURE _____