# Pre-Competition Swim Team May - Aug 2014



		May 7 - 30	June 3 - 26	July 9 - 31	Aug 5 - 28
		Wed & Fri	Tue & Thur	Tue & Thur	Tue & Thur
	Manta Rays	4:00 - 4:30pm	6:00 - 6:30pm	6:00 - 6:30pm	6:00 - 6:30pm
Select sessions here $\rightarrow \rightarrow$					
A State of the second sec	Tidal Waves	4:30 - 5:00pm	6:30 - 7:00pm	6:30 - 7:00pm	6:30 - 7:00pm
10 kids per class max.					

\$95 for each session/month

(Non-Members add \$15 per session)

CLASSES DO NOT MEET THE WEEK OF July 4<sup>th</sup>.

# Manta Rays AGE 4 - 6

Swimmers will learn basic swimming skills up to advanced strokes. Team activity skills and group swim safety is introduced. Swimmers will learn to swim in deep water as well as jump or dive into deep water. Instruction will be conducted in water with 1 or 2 instructors at any given time. This class is in our recreation pool, 85 degrees.

# Tidal Waves AGE 5 - 9

Swimmers must pass the prerequisite for swim team: \*50yards of freestyle with side breathing \*25yards of back swimming \*Treading water for 30 seconds \*Streamline off wall for 5 yards. This group will prepare swimmers for the swim team. This class will take place in the main pool and diving well with on-deck coaching.

Parents are encouraged to watch from a distance, poolside supervision is not permitted. Please be advised that these are not "intro to swimming" classes and swimmers must be comfortable in water without parent assistance.

### $\rightarrow$ Sign-Up below.

→ Circle your selection above. Make sure to include the email address for proper communication.

Please complete <u>ONE</u> application per child.							
Hills	s Member	Yes	No	Member Number #:	A CONTRACTOR OF THE REAL		
Participant Name:	<u>8 1 8 8</u>		ALL T	Sex: M F <mark>Child's Ag</mark>	ge: DOB:		
Street:		18 64	_Zip:_	Parent's Nam	ne:		
Phone (H):	Phone	(W):		Email Address (REQU	Л <b>RED)</b> :		
In case of emergency, contact							
Name:			_Phone:	Doctor:	Insurance Co		
Policy #:				Any special concerns:			

REGISTRATION WILL NOT PROCESS WITHOUT PROPER SIGNATURES, INCLUDING THE BACK PAGE PARTICIPATION WAIVER AND MEDICAL CONSENT. FORMS MUST BE SUMBITTED TO THE HILLS FRONT DESK.

#### Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement

I, the undersigned Parent(s), Legal Guardian(s), or Participant, on my own behalf, and behalf of all others who are listed as Participants under this Agreement, including my unborn and/or minor children, and my and their personal representatives, assigns, successors, heirs, and next of kin, (hereinafter collectively referred to as the "Participants"), acknowledge and agree that the use of the facilities, services, equipment or premises of [The Hills Swim and Tennis Club] (the "Club") by any of the Participants involves risk of injury to persons and property, and the Participants assume full responsibility for such risks for myself/themselves. The Participants agree and acknowledge that I/they have entered into the Agreement for use for use of the Club's facilities, services, equipment, or premises primarily for recreational purposes and not to use any specific piece of equipment or training or exercise methodology. In consideration of being permitted to enter the Club's facilities for any purpose, including, but not limited to, observation, use of facilities, services, or equipment, or participation in any way, the Participants agree to the following: the Participants are authorized to, and do hereby release and hold the Club, its and their shareholders, directors, officers, parents, subsidiaries, employees, members, managers, independent contractors, and agents harmless from all liability to all the Participants, and any of my/their personal representatives, assigns, heirs and next of kin for any loss or damage sustained by any of the Participants. The Participants hereby waive any claim or demands therefore based on, or on account of, any injury or death to any of the Participants and property damages sustained by any of the Participants, whether caused by the active or passive negligence of the Club or otherwise, while any of the Participants is in, upon, or about the Club's premises, or while using the Club's facilities, services, or equipment or while participating in any Club activity at any location.

This Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement (the "Release"), includes, but is not limited to, claims based on the following: the Club's improper maintenance of its equipment (mechanical or otherwise), grounds or facilities, negligent instruction or supervision, including personal training, or inadequate security or staffing, the Participants' use of the Club's facilities, services, or equipment, and/or slipping or tripping anywhere in or about the Club or any location in which the Club operates, including, but not limited to public facilities. Such facilities include, but are not limited to: exercise equipment, exercise rooms, weight rooms, locker rooms, sidewalks, parking lots, stairs, pool, whirlpool, spa, sauna, steam room, tennis/racquet/squash courts, or lobby area. Such risk of injury includes, but is not limited to injuries arising from the participation by any of the Participants, or others in supervised or unsupervised activities at the Club, injuries and medical disorders, including, but not limited to death, heart attacks, strokes, heat stress, sprains, broken bones, and injured muscles and ligaments, among others, arising from exercising, any recreational use of any of the Club's facilities, or otherwise, or while participating in any of Club's programs, classes, or activities, and accidental injuries occurring anywhere in or about the Club, including its dressing rooms, showers and other facilities.

The Participants also agree to indemnify and hold the Club harmless from any loss, liability, damage or cost that the Club may incur due to the presence of any of the Participants in, upon, or about the Club's premises or in any way observing or using any of the Club's facilities, services or equipment, whether caused by a Guest's negligence or otherwise. The Participants further expressly agree that the Release is intended to be as broad and as inclusive as permitted by the law of the state of California, and that if any portion of the foregoing Release is held invalid by a court of law, then that portion shall be deemed stricken and it is agreed that the remainder of the Release shall continue in full force and effect without the invalid portion.

On behalf of the Participants, I acknowledge that I have carefully read this Release and fully understand that it is a release of liability, and express assumption of risk and indemnity agreement. I am aware and agree that by executing this Release, I, and all of the Participants are giving up any rights I or any and all of the Participants may have to bring a legal action or assert a claim against the Club for its active or passive negligence, or for any defective product on its premises.

I represent that I have the actual authority to, and do hereby enter into this Release on my behalf and as an authorized agent, or parent or legal guardian for all of the Participants. I have read and voluntarily signed this Release and I further agree that no oral representations, statements or inducement apart from the foregoing Release have been made to me.

Participant Name:	D.	D.O.B		
Signature of Parent or Legal Guardian	/ Date	Printed Name of Parent or Legal Guardian		

# **Medical Authorization and Consent to Treat**

Pursuant to California *Family Code* §§ 6550 and 6910, I, \_\_\_\_\_\_, a parent or legal guardian having legal custody of \_\_\_\_\_\_, a minor child, hereby authorize [The Hills Swim and Tennis Club] to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision, and on the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. I have no knowledge of any physical or mental impairment that would affect the Participant's ability to participate in this activity.