

**School District of Upper Dublin  
COMMUNITY AQUATICS PROGRAM**

SITE: \_\_\_\_\_

**UDP&R's KIDZONE - SWIM PROGRAM REGISTRATION FORM - 2012**

*PLEASE USE ONE FOR PER PROGRAM PER PERSON – A NEW FORM IS REQUIRED EACH SEASON*

**PARTICIPANT INFORMATION – EMERGENCY RESPONSE INFORMATION:**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ School: \_\_\_\_\_ Grade 9/2012: \_\_\_\_\_ ( ) Male ( ) Female

Upper Dublin Resident? YES NO SPECIAL ACCOMMODATION NEEDED: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ ~Hgt: \_\_\_\_\_ ~Wgt: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (please list 2):**

| Name: | Relationship to Participant: | Best Phone # to Call: |
|-------|------------------------------|-----------------------|
| 1)    |                              |                       |
| 2)    |                              |                       |

|   | UDP&R KIDZONE<br>SWIM PROGRAM<br>@ UDHS POOL | DAY / DATES                 | CHILD'S SWIM<br>ABILITY:<br>BEGINNER – NOVICE –<br>PROFICIENT | UDSD<br>Community Aquatic Staff<br>file notes: |
|---|--|-----------------------------|---|--|
| 1 | Week 1                                       | Tu 6/26 – We 6/27 – Th 6/28 |   |  |
| 2 | Week 2                                       | Tu 7/3 – Th 7/5             |   |  |
| 3 | Week 3                                       | Tu 7/10 – We 7/11 – Th 7/12 |   |  |
| 4 | Week 4                                       | Tu 7/17 – We 7/18 – Th 7/19 |   |  |
| 5 | Week 5                                       | Tu 7/24 – We 7/25 – Th 7/26 |   |  |
| 6 | Week 6                                       | Tu 7/31 – We 8/1 – Th 8/2   |   |  |

**PLEASE NOTE: UDSD Aquatic Program staff will be teaching all children swim lessons each day.**

**PARTICIPANT SIGNATURE:** *Signature confirms that participant has read and agrees to the UDSD Hold Harmless Agreement (below) (parent or guardian will sign for participant under age 18 at the time of registration).*

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

**HOLD HARMLESS AGREEMENT:** *Any participant and/or his guardian, in consideration for the School District of Upper Dublin providing facilities, instruction and/or supervision in the activity for which he has registered does hereby:*

1. Agree to abide by the rules of the pool program as set forth by the Upper Dublin Board of School Directors and/or Community Aquatics staff.
2. Agree to assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand that I am to furnish my own insurance in case of injury.
3. Request permission to participate in the activity with the full knowledge that the said activity could result in damage or injury to the participant.
4. Agree to indemnify and hold harmless the School District of Upper Dublin and its agents from liability for personal injury or property damage resulting from my participation in said activity.
5. Agree to pre-pay all fees and charges associated with participation in School District of Upper Dublin programs or activities for which he is registering; waive the right to dispute all proper charges once registered and/or participated in said program or activity for which the registration is received.
6. Agree to reimburse the School District of Upper Dublin for any and all costs incurred for replacement or repair of equipment or supplies damaged or broken as a result of improper or unauthorized use or acts of vandalism.
7. Agree to furnish a certified birth certificate or proof of birth of the registered names upon request of the School District.
8. Agree to allow the School District of Upper Dublin to use any photos taken at an activity for future district publications or promotions.