

MEDICAL/HEALTH HISTORY & WAIVER

Name: _____ Male ___ Female ___ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____ Emergency Contact & Phone #: _____

1. Check and provide an explanation if you have any of the following conditions or have ever been told that you do.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis/Bursitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint injury/pain |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Smoking history |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Asthma/allergies | <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> Other _____ |

Explain: _____

2. Check and provide an explanation if you have any of the following symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Chest pain/pressure | <input type="checkbox"/> Skipped/irregular heart beat |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Shortness of breath or unusual fatigue |

Explain: _____

3. If you have checked any of the conditions or symptoms listed above, has your doctor approved exercise?

- No Yes

4. Are you currently taking any medications, pills or drugs? No Yes

If yes, please provide the name(s) of the medication(s) and reason(s) for taking the medication(s).

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this course, including physical injury or even death, and hereby elect to voluntarily participate in said course, knowing that the associated physical activity may be hazardous to me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me as a result of my participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENENT NOT TO SUE the City of Clarksville, its employees, or officials from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the course is being conducted.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed a RELEASE, WAIVE, DISCHARGE, AND COVENENT NOT TO SUE the above named parties.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver or Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations statements or inducements, apart from the forgoing written agreements have been made and I EXECUTED THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: _____ Date: _____

Print Name: _____ Course: _____

Signature of Guardian if participant is under age 18: _____



Swim Lesson Registration Form

Please note: Each student is allowed entrance for themselves and one adult in the pool deck area during class time. All other spectators must purchase a daily pass or membership to be allowed into the pool deck area. Anyone who wishes to swim before or after class, must purchase a daily pass or membership to do so.

Participant Name: _____ Age: _____

Parents/Guardians: _____

Adult who will be attending with the Participant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email Address: _____

Class #: _____ Level: _____ Payment: Cash _____ Check _____ Credit/Debit _____ Scholarship _____

Indoor Pool Rules

1. Every member/guest entering the pool area must purchase a Ticket (daily entry fee \$6.00) or Membership Card before entering the pool area. Every Ticket/Membership ID Card must be scanned and placed on the table (inside pool area) each time you enter the pool area.
2. Misuse of Membership Cards may result in your membership being terminated.
3. Pool scheduling/hours will change periodically. Pool will be closed for public swimming during swim meets, inclement weather and maintenance. Notices will posted whenever possible but could happen without notice. Please check bulletin board in front lobby for current class and swim team schedules. All event scheduling (meetings, classes, private lessons, etc.) must be arranged/approved through Management.
4. Anyone 11 years of age and younger must be accompanied by an adult at least 18 years old.
5. You must be at least 16 years old to use the Therapy pool during normal business hours.
6. Anyone who wears a diaper or is prone to Fecal Accidents must wear a swim diaper. Diapers are available in the front office. Please note: We follow the procedures/guidelines for disinfection and management of fecal accidents (and other related accidents) set by the Centers of Disease Control and the Arkansas State Health Department. In case of such an occurrence we must close the pool until the area is treated and cleaned.
7. No PDA (Public Display of Affection) that is inappropriate for family environment.
8. No cut-offs or jeans are allowed in the pool.
9. No dripping wet swim suits in hallways, dry off in pool deck area.
10. No obscene language, crude or inappropriate behavior will be tolerated.
11. No running, pushing or rough play.
12. No one under the influence of drugs or alcohol will be permitted to use the facility.
13. No food, gum or tobacco products in the pools or deck area. No glass containers. Food and Drink are permitted in the Patio area and Rental Rooms. Water bottles with sport caps are permitted in the pool area. Please dispose of your trash in the proper receptacles.
14. The Aquatic Facility will not be responsible for lost, stolen or damaged personal items.
15. You must stay with your children. Lifeguards are not babysitters.
16. Memberships and Daily Passes are not refundable or transferable.

I have read, understand and agree to follow all posted and non-posted rules and regulations.

Signature: _____ Date: _____