



## **Learn to Swim Program Registration Form**

Child's name:	Date of Birth:
Street Address:	
Phone:	
Emergency contact (name & #)	
Swim Program: (please circle) IPA	P (5:30) I (6:00) I (6:30) II III IV V VI
Second Child	
Child's name:	Date of Birth:
Street Address:	
Phone:	
Emergency contact (name & #)	
<b>Swim Program:</b> (please circle) IPA	P (5:30) I (6:00) I (6:30) II III IV V VI
Third Child	
Child's name:	Date of Birth:
Street Address:	
City/State/Zip:	
Phone:	
Emergency contact (name & #)	
· ·	P (5:30) I (6:00) I (6:30) II III IV V VI
• ,	ost will be refunded until 1 week prior to the start of the ill be issued, regardless of circumstances.
Please select one of the following:	
☐ I have paid in cash ☐ I have	enclosed a check made payable to <b>Paul Smith's College</b> .
$\Box$ Please charge my credit card for a tot	tal of $\$ $\square$ MasterCard $\square$ Discove
Card Number:	Expiration Date:
CCV (3 digits from the back of the card	):
Address of card holder:	
Name of Card Holder (as it appears on	the card):
Cianature of Card Holder	

**By Mail, please return to:** Matthew Dougherty, Paul Smith's College, Paul Smiths, NY 12970 **Phone/Fax:** Monday – Friday, 9 AM - 5 PM. Call 327-6389 or Fax: 327-6545





## WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

Name of Event: Paul Smith's College Youth Swim Lessons

In consideration of being allowed to participate in any way in the Fall 2016 Paul Smith's College Youth Swim Lessons, the undersigned acknowledges, appreciates, and agrees that: I (my child/children – as listed below) will be participating in the Fall 2016 PSC Youth Swim Lessons, and -

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 serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other and assume full responsibility for my participation; and,

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 official immediately; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **PAUL SMITH'S COLLEGE**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), 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.

X			
	(Child/Children's Name(s)		
X			
	(Parent/Guardian - Please Print)		
X		DATE SIGNED:	
	(Parent/Guardian - Signature)	<del></del>	