

Off The Deep End Aquatics Inc.

REGISTRATION FORM

For The H2OPE PROGRAM at (Circle one):

Texas Health Harris HEB Physical Medicine and
Rehabilitation Center
251 West Park Way, Euless, TX 76040

Texas Health Resources Presbyterian Hospital
CVC Center
5721 Phoenix Drive, Dallas , TX 75231

Mail completed registration to:

(Remember a doctor's release is required)

**Off The Deep End Aquatics Inc.,
5410 Basswood Blvd Box #5. Fort Worth, TX 76137**

(Please print information clearly)

Student's First Name: _____ LAST NAME: _____ Date of Birth: _____

Gender (circle): M / F Parent/Guardian's Name: _____

Street Address: _____ City: _____ Zip _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Diagnosis: _____

Precautions: _____

Preferred Doctor: _____ Phone: _____

Emergency Contact Name & Number: _____

Location/Time Preferred (Circle preference):

Note: All Classes are by age group and on Saturdays

Harris HEB Euless, TX

Presbyterian Hospital Dallas, TX

3-5yrs 9:00-9:40am 6-12 yrs 9:50-10:30am

3-5yrs 1:00-1:40pm 6-18 yrs 1:50-2:30pm

13-18 yrs 10:40-11:20am 6-12 yrs 11:30a-12:10pm

OFF THE DEEP END AQUATICS INC. & TEXAS HEALTH: HARRIS HEB PHYSICAL MEDICINE AND REHABILITATION, AND PRESBYTERIAN HOSPITAL CVC CENTER, LIABILITY RELEASE AND INDEMNIFICATION

The undersigned desires to utilize the facilities provided by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, Euless, Texas, and Presbyterian Hospital CVC Center, Dallas, Texas in their water exercise H2OPE program, for the purpose of water exercise H2OPE and recreation. As a consideration for the right and privilege of being permitted access to the swim program and use of its facilities, the undersigned does hereby release Off The Deep End Aquatics Inc., Texas Health Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center. and each and every one of the employees and instructors working or supervising activities in the water exercise H2OPE program from any and all liability, of any kind whatsoever, arising out of any physical or mental injury, or death, incurred or suffered by the undersigned or the above-mentioned minor while preparing to use, using or cleaning up after using any of the aquatic, swimming or any other facilities provided by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center in their water exercise H2OPE program.

In executing the foregoing release, the undersigned acknowledges and affirms that he or she has carefully read the same and has asked and obtained satisfactory explanation of any part thereof that he or she does not understand. Furthermore, the undersigned acknowledges that he or she is fully aware that there may be a health risk for certain individuals participating in activities involving physical exertion or exposure to heat. The undersigned affirmatively acknowledges that he or she has made the Swim Instructor aware of any limitations suggested by his or her physicians.

In consideration of the Minor listed above being permitted by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center to participate in this activity and to use their or anyone else's equipment and/or facilities for this activity, I further agree to indemnify and hold harmless Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Print Name: _____

We will call you to confirm if location and time are available as space is limited. You may call us 682-200-7865.