

Off The Deep End Aquatics, Inc.

SWIM LESSONS PROGRAM REGISTRATION

AT THE TEXAS HEALTH HARRIS HEB PHYSICAL MEDICINE AND REHABILITATION, EULESS, TX

Mail completed form with payment to: Off The Deep End Aquatics, Inc.
5410 Basswood Blvd, PO Box #5
Fort Worth, Texas 76137

(Please print information clearly)

Student's First Name: _____ Last Name: _____ Date of Birth: _____

If student is under 18, please add Parent/Guardian name: _____

Student Gender: Male Female Water Comfort Level? OK, Cautious, Afraid Previous Swim Lessons: Yes No

If yes, Where and What Level (Beginner, Moderate, Advanced)? _____

Preferred Session (circle): Jan 2-18 Feb 6-22 Mar 6-22 Apr 3-19 May 8-24 Jun 5-21
Jul 10-26 Aug 7-23 Sep 4-20 Oct 2-18 Nov 7-21 Nov 28 - Dec 14

Preferred Time (circle): 6:30-7:05pm 7:10 - 7:45pm 7:50 -8:25pm 8:30 -9:05pm

Type of Class (circle): Group Session \$90 Semi-Private (2 people) \$130ea Private (one on one) \$250

Email: _____

Home Phone: _____ Work/Mobile Phone: _____

Street Address: _____

City: _____ Zip _____

Emergency Contact Name: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

How did you hear about us? Brochure/Flyer Internet Search Local Ad Referred by a friend Repeat Customer

OFF THE DEEP END AQUATICS & TEXAS HEALTH HARRIS HEB PHYSICAL MEDICINE AND REHABILITATION LIABILITY RELEASE AND INDEMNIFICATION

The undersigned desires to utilize the facilities provided by Off The Deep End Aquatics, and Texas Health Harris HEB Physical Medicine and Rehabilitation in its learn-to-swim fitness program in Bedford, Texas, for the purpose of swim instruction 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, and Texas Health Harris HEB Physical Medicine and Rehabilitation and each and every one of the employees and instructors working or supervising activities in the learn-to-swim 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 and Texas Health Harris HEB Physical Medicine and Rehabilitation in its learn-to-swim 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 student named above being permitted by Off The Deep End Aquatics and Texas Health Harris HEB Physical Medicine and Rehabilitation 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 and Texas Health Harris HEB Physical Medicine and Rehabilitation 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.

Adult Student or Parent/Guardian Signature: _____ Date: _____