



**2009 REGISTRATION FORM**

*Please Note: Signed Release and Waiver of Liability and payment in full must accompany this completed Registration Form before the registration process can be completed. Parent/guardian must remain at the pool during sessions. Please make checks payable to Swim Volusia. Mailing address at bottom of Release, page 2.*

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

---

**Please answer the following questions:**

Does this participant have any handicaps, special needs, or under a doctor's care? Yes No (please circle one only. If yes, please describe) \_\_\_\_\_

Does the participant have any previous swimming instruction? Yes No (please circle one only. If yes, please describe) \_\_\_\_\_

---

**Please check the appropriate session:**

**Pre-Season Clinics:** \_\_\_ May 4-14 \_\_\_ May 18-28

**Summer Clinics:** \_\_\_ June 8-18 \_\_\_ June 22-July 2 \_\_\_ July 6-16 \_\_\_ August 3-13

**Strength and Speed:** \_\_\_ July 20-24

**Swimmers will be placed by ability level.** Class times are determined by participation levels. Every effort will be made to accommodate your special scheduling requests. Clinics run 30-minutes. Pre-season clinics (after-school) run from 3-5PM (one session every 30-minutes). The summer clinics begin at 9:00 AM with the last clinic beginning at 12:30 PM. Classes are scheduled Monday through Thursday for two consecutive weeks. Please understand that registration placement is conditional upon receiving a signed Waiver of Liability and full non-refundable payment. Participation is on a first come, first serve basis. Classes cancelled due to inclement weather or circumstances beyond our control will be rescheduled. Thank you.

\_\_\_ **Beginning Stroke:** This class provides an introduction to free-style and other simple strokes. Children aged four and above. Beginner swimmers must be able to swim 25-yards (one pool length) unassisted.

\_\_\_ **Intermediate Stroke:** Must be able to demonstrate, with some proficiency, basic swim strokes. Beginner II Swimmers can easily swim 25-yards or more showing and understanding of at least freestyle, breast and back stroke. Emphasis will be placed on mastering each stroke and introducing butterfly.

\_\_\_ **Advanced Stroke:** This session focuses on the technique and development the four main swimming strokes (free style, back stroke, breast stroke and butterfly)

**Clinic Costs:** \$100 per single (first enrolled) child, per two-week session (or one-week Strength and Speed clinic); Two or more siblings, \$80 per two-week session, per child; Full season discount (all four two-week summer sessions; does not include Strength and Speed week): \$350 per child. All clinic costs must be paid in advance.

*Each swimmer will receive an informal pre & post class evaluation charting their progress. Certificates of completion will be awarded at the end of each session, as appropriate.*

**\*Holly Hill Community Center is not affiliated with this program, nor do they assume any responsibility for any activities which occur in connection with the swim program being offered at the facility.**

**WAIVER AND RELEASE OF LIABILITY**

**IMPORTANT: READ AND UNDERSTAND BEFORE SIGNING**

In consideration of being allowed to participate in the Swim Volusia swim program led by Kathy Appell and Scott Bay, its related events and activities, I, \_\_\_\_\_ the undersigned and the legal parent/guardian of a minor participating in the Swim Volusia program, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's and my participation; and,
3. 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 child's or my presence or participation, I will remove myself and/or child from participation and bring such to the attention of Kathy Appell/Scott Bay immediately; and,
4. I, for my child and myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS , Kathy Appell and Scott Bay, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant the released parties the rights to photograph and/or videotape me and/or my child and further to use my child's or my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

**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.**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

X \_\_\_\_\_  
PRINT NAME

**Mail completed forms (Registration Form and Waiver and Release of Liability Form) to:  
Scott Bay  
20 Sycamore Circle  
Ormond Beach, FL 32174**