

Make a SPLASH!!!

NKU Swim Lessons

Date: _____

Participant's Name: _____ Age: _____

Class: ___ Aquababies A ___ Aquababies B ___ Adult
 ___ Level 1 ___ Level 2 ___ Level 3 ___ Level 4 ___ Level 5

Your Affiliation: ___ Student ___ Faculty/Staff ___ Alumni
 ___ Community ___ Other

Parent Name: _____
(if minor)

Address: _____

E-mail: _____

Phone: (H) _____ (W) _____

F/S On-Campus Address: Dept. _____ Bld. _____ Rm. _____

Do you have a current Health Center Membership? ___ Yes ___ No

Does your child have any Medical Concerns? _____

RELEASE FORM

I agree to hold Northern Kentucky University and its employees harmless and to waive the right to bring legal action against Northern Kentucky University and its employees for any injuries sustained during the course of this Swim Lesson Program. Students are encouraged to carry their own accident and/or medical insurance. Instructors of the Northern Kentucky Swim Lesson Program are safety conscious and follow appropriate safety procedures. In the event of an injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize Northern Kentucky University to administer first aid and/or authorize medical treatment if necessary. The above participant has had a medical examination within the last 12 months and is capable or participating in the Swim Lesson Program.

When participating in our programs, you agree to allow you and your child to be photographed and videotaped and for any pictures or video with you and your child in it to be used for marketing purposes. This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Participant Signature (or parent if under 18)

Person to contact in case of Emergency (Other than parent or guardian of minor)

Name: _____ Relationship: _____ Phone #: _____

*****OFFICE USE*****

Date: _____ Amt. Paid: _____ (Check, Cash, Visa, Mastercard, Discover) Session: _____ Class : _____