

# Different Strokes Swim School

## LEARN-TO-SWIM REGISTRATION FORM

### DIFFERENT STROKES SWIM SCHOOL PROGRAM AT THE HARRIS METHODIST H\*E\*B\* PHYSICAL MEDICINE & REHABILITATION CENTER

Print this page, then fill in and mail with payment to Different Strokes Swim School, PO Box 601, Bedford, Texas 76095 (Please print information clearly)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Relative: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Water Comfort Level: \_\_\_\_\_

Previous Swim Lessons: \_\_\_\_\_

Session Preferred \_\_\_\_\_

Time Preferred (Circle) 7pm - 7:30pm 7:30pm - 8:00pm 8:00pm - 8:30pm

### HYDRO HEALTH & HARRIS H\*E\*B FITNESS LIABILITY RELEASE

The undersigned desires to utilize the facilities provided by Hydro Health, Different Strokes Swim School, and Harris Methodist H\*E\*B 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 Hydro Health, Different Strokes Swim School, and Harris Methodist H\*E\*B 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 Hydro Health, Different Strokes Swim School and Harris Methodist H\*E\*B 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by Hydro Health, Different Strokes Swim School and Harris Methodist H\*E\*B 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 Hydro Health, Different Strokes Swim School and Harris Methodist H\*E\*B 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: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_