

City of Carson

Recreation and Human Services

Swim Lesson Registration Card

SCOTT
 CARSON

DOMINGUEZ
 HEMINGWAY

Participant name: Last		First		M.I.		Home Phone #:	
Home address:						Age:	Sex/Gender:
City:		ZIP:	Email address:			Date of Birth:	
Daycare/Camp Address:					Phone #:		

Below items to be filled out by staff:

Session 1: Class/Time		Session 2: Class/Time		Session 3: Class/Time		Session 4: Class/Time	
Rec.		Rec.		Rec.		Rec.	
Date:	Init.	Date:	Init.	Date:	Init.	Date:	Init.
Session 5: Class/Time		Session 6: Class/Time		Sat. Session 1: Class/Time		Sat. Session 2: Class/Time	
Rec.		Rec.		Rec.		Rec.	
Date:	Init.	Date:	Init.	Date:	Init.	Date:	Init.

Since aquatic activities create some risk of injury to participants, the City of Carson ("City") requests that the parents or legal guardians of all minor participants assume all risks by signing this general release, waiver of liability, and indemnity agreement.

I certify that I am the parent and/or legal guardian of _____, age _____, and that I am entitled to his/her custody and control, and I do hereby give my permission for said child to participate in aquatic activities. I further certify that said child is of good health and has no physical or other impediment which would endanger him/her from participating in such activity or program.

In consideration of the City's acceptance of said child's application for participation in such activity or program, I for myself, my heirs, executors and assigns, hereby waive, release and discharge the City of Carson and its officers, agents, and employees ("release's"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of said child's participation in this activity or program, and I further agree to indemnify and hold harmless the City of Carson and its officers, agents, and employees, from any liability or claim for action for damages which in any way arises out of said child's participation in this activity or program, even though that liability may arise out of negligence or carelessness on the part of release's.

I further understand that accidents may occur during such activity or program and that participant in such activity may sustain personal injuries and/or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the City of Carson, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of, or related to, said child's participation in such activity.

I verify that I have given permission for the City of Carson to use my or my child's photograph for publicity purposes in any forthcoming brochures, flyers, and web pages. I further state that I release all rights and am fully cognizant of this agreement.

REFUND POLICY: By signing below, I verify that I have read and understand the following City of Carson Refund Policy. No refunds will be given unless the event is cancelled by the City of Carson. There will be a \$25.00 service charge on all returned checks. Refund Policy Details: 1) No refunds will be issued without the original receipt. 2) In the event of emergencies or special circumstances, the Public Services General Manager, or Parks and Recreation Director, or a designee, may approve a refund for the full amount less the prorated value of the services received and an administrative fee of \$10. 3) If payment is made by check, the approved refund cannot be made until that check clears the bank. Proof of bank clearance must be provided to the City. 4) The Public Services General Manager or Parks and Recreation Director reserves the right to approve exceptions or revise the refund policy as necessary. Note: Under California Civil Code, Chapter 522 Section 1719---If your check bounces---You could be liable for three (3) times the amount of the check or \$100. Whichever is more--- Plus the face value of the check and court costs. (BAD CHECK WRITERS ALSO FACE CRIMINAL PENALTIES.)

I have read and understand the above general release, waiver of liability, indemnity agreement, and refund policy.

Signature: _____ Date: _____

(Parent or Guardian of Participant)

Print Name: _____ Relationship: _____

In case of emergency, please notify (please print):

Name: _____ Relationship: _____

Phone #'s: _____ (Home) _____ (Cell)

SWIM LESSON PRE-REGISTRATION 2017 (one form per lesson participant)

Participant Name: Last		First	Home Phone #:	
Home Address:			Age:	Sex/Gender:
City:	ZIP:	Email address:		Date of Birth:

Example: After looking at the **pool schedules online** (<http://recreation.carson.ca.us/aquatics>), I want to sign up my 6-year-old child in a beginning class for four weeks in July. My preference is in the afternoon around 4 p.m. on Monday, Wednesday, and Friday, and I prefer to go to Hemingway Aquatic Center. If Hemingway Aquatic Center is unavailable, my next choice would be Dominguez Aquatic Center. I'm also a resident and this is my only child.

Dates	Facility – Class – Time		
Session	First Choice	Second Choice	
Mon/Wed/Fri 2, June 12 – June 23	Hemingway Aquatic Center Polliwog, 4:00 p.m.	Dominguez Aquatic Center Polliwog, 5:00 p.m.	M/W/F Resident - 1st Child \$45
3, July 10 – July 21	Hemingway Aquatic Center Polliwog, 4:00 p.m.	Dominguez Aquatic Center Polliwog, 5:00 p.m.	M/W/F Resident - 1st Child \$45
Total: \$40 (1st Child) x 2 sessions = \$80			

Swim Lesson Registration:			
Dates	Facility – Class – Time		
Session	First Choice	Second Choice	Cost
Other			
Notes:			Total: \$

Please **make check payable to:** **City of Carson** (Please do not send cash)

Please write **Driver's License number, expiration date, and phone number on check.**
Failure to include this information may delay your registration and class preference(s).

Mail completed form(s) and check to: City of Carson - Aquatics
Attn: Swim Lesson Registration
2400 E. Dominguez Street
Carson, CA 90810

Additional lesson information may be found in the quarterly Community Services Guide sent to all Carson residents or online at <http://recreation.carson.ca.us/aquatics>. City of Carson welcomes people of all abilities in our programs. To request a disability related accommodation or if you have a question about participating in any of the aquatic activities please call the Aquatics office at (310) 816-9381.