

Mahone Bay and Area Swimming Pool Aquafit Registration

Name of Swimmer:_____.	Age of Swimmer:_____.
Home Phone Number:_____.	Phone Number (Other):_____.
Mailing Address:_____.	
Civic Address:_____.	
Email address checked most frequently:_____.	

Emergency Contact Information

Name:_____.	Age:_____.	Relation:_____.
Home Phone Number:_____.		Phone Number (Other):_____.
Civic Address:_____.		

- Check box if you would like to receive promotional material from the Mahone Bay and Area Swimming pool regarding its future and current course offerings.

Session Dates	Season Membership Rate	Non-Members Rate
Season		
July 2 – August 24	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65
Monthly		
*JULY: July 2 – July 28	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
*AUGUST: July 30 – August 25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
2 Week Sessions		
Session 1: July 2 – July 13	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
Session 2: July 16 – July 27	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
Session 3: July 30 – August 10	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
Session 4: August 13 – August 24	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25

Included with a season membership, you get your first class free!

Medical Questionnaire

Help us to help you!

Do you have any pre-existing medical conditions that we should be aware of? If so, please specify: _____.

_____.

_____.

Are you currently taking any medication that we should be aware of (i.e. An inhaler, Angina medication, an Epi Pen, etc.) if so, please specify: _____.

_____.

_____.

Do you have any Allergies that we should be aware of? If so, please specify: _____.

_____.

_____.

Signature: _____.

Received By (Signature): _____.

Waiver

I, a parent or guardian of the above-named person(s), hereby give my consent for their participation in the Mahone Bay and Area Swimming Pools Aquafit course.

It is understood and agreed that there is inherent risk in participating in activities and programs at the Mahone Bay and Area Swimming Pool, and the Mahone Bay and Area Swimming Pool Society, its staff and its professional, and non-professional volunteers are in no way responsible for any damage or loss of property, or injury to participants. I the undersigned, therefore release and agree to indemnify and harmless the Mahone Bay and Area Swimming Pool Society, its staff and professional and non-professional volunteers, and sponsors from all claims arising from and out of any injury or loss suffered by the above-named person(s) during any involvement with the activities and programs occurring at the Mahone Bay Swimming Pool.

Signature of Parent/Guardian: _____ Date: _____

Photography Consent

Over the course, we may take photos of the candidates in order to promote the course to future potential candidates, as well as to post on the Mahone Bay and Area Swimming Pool website, Facebook page, or Instagram page. Individuals WILL NOT be identified. There may be captions or titles, but names will not be included.

I, _____ **HEREBY CONSENT** on behalf of (names stated in "Candidate Name" and I **AUTHORIZE** the Mahone Bay and Area Swimming Pool Society to use, publish, and display photograph(s) for promotional purposes only

Signed at Mahone Bay Pool this ____ day of _____, 20 ____.

Signature: _____ Witness: _____ (age 18+)

Print Name: _____

