



City of Victorville Recreation Division
 14973 Joshua Street - Victorville, CA 92394 245-5551
2019 Aquatics Registration Form

Participant Information: (please print)

Each participant must have their own registration form.

 First Name Last Name Date of Birth Age Male Female

 Mailing Address City Zip

 Phone Alternate Phone Parent Name

ATTENTION: Tot Advance or Level 3 or Higher

I understand that enrollment into a swim class Tot Adv/Level 3 or higher requires completion of the previous swim level and that the child must be able to demonstrate all skills learned in previous swim levels. I further understand that if my child is not able to demonstrate the required skills that were learned in previous swim levels, they may be removed from the class without the opportunity for a refund. **Parent Initial** _____

REGISTRATION EXAMPLE:

SESSION	CLASS NAME/LEVEL	TIME	FEE	1st ALTERNATE	2nd ALTERNATE
2	Tot Beg	11:00 AM	\$38	Sess 3, 4:30 PM	Sess 4, 11am

***Please enroll carefully! There will be no refunds, transfers or credits issued. Repeating a level is highly encouraged!**

SESSION	CLASS NAME/LEVEL	TIME	FEE	1st ALTERNATE	2nd ALTERNATE

AGREEMENT AND RELEASE OF LIABILITY

CONSENT AND RELEASE ON BEHALF OF MINOR

In the event that I am enrolling a minor child, I hereby proclaim that I am the parent and/or legal guardian of the named minor. I have read and understand the agreement on the back of this form involves surrender of valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give consent to the participant in the activity of the minor.

AGREEMENT AND RELEASE OF LIABILITY - RECREATIONAL PROGRAMS

I have carefully read the liability waiver agreement on the back of this form and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CSD and/or City and sign it on my own free will.

PARENT/GUARDIAN NAME (please print) _____ Date _____

SIGNATURE _____

AUTHORIZATION TO USE CREDIT CARD

I, the undersigned give permission for the specified credit card to be used to pay fees for the above named activities through the City of Victorville's Recreation Division.

 Signature Card Holder Name Billing Zip Code

Credit Card Number _____ Exp. _____ Security Code _____

AGREEMENT & RELEASE OF LIABILITY – RECREATIONAL PROGRAMS

In consideration of the use of the property, facilities, and/or services of the City of Victorville's Community Services Department ("CSD") or any other branch of the City of Victorville ("City") participating or sponsoring recreational programs, including travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned agrees and acknowledges that the use of equipment, facilities and services provided by CSD and/or City, including but not limited to, physical sports, dance, aerobics, swimming, arts and music, gymnastics, and cheerleading, involves risks such as, but not limited to, PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.
2. **ASSUMPTION OF RISK:** The undersigned ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those risk factors described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES:** The undersigned acknowledges reading and knowing all of the policies the procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **RELEASE:** The undersigned on behalf of himself/herself and his/her heirs, successors, assigns and anyone claiming through or under any of the foregoing, hereby RELEASES, acquits and forever discharges CSD, City, any successors and assigns,(the "RELEASED PARTIES") and all past present and future officers, employees, agents, representatives, attorneys, accountants, and insurers of the RELEASED PARTIES, of and from any and all claims, damages, debts, demands, obligations, costs, expenses, accounts, losses, liabilities, liens, actions, proceedings and causes of action of every kind or nature, whether known or unknown, suspected or unsuspected, arising out of the activity, the use of CSD or City property or equipment, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions, negligence, or fault of third parties or of the RELEASED PARTIES. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.
5. **WAIVER:** The undersigned waives the protection afforded by statute or law in any jurisdiction including California Code Section 1542 whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. **PROPERTY DAMAGE:** The undersigned understands he/she is responsible for any loss, theft, or damage to any property or equipment owned, operated or maintained by CSD and/or City while the undersigned is using said equipment or property. The undersigned agrees to pay for any and all damage caused by the undersigned, either negligently, willfully, or otherwise.
7. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
8. **INSURANCE:** The undersigned understands that CSD and/or City do not provide participant insurance. When applicable, the undersigned is encouraged to have a physical examination and to maintain health insurance prior to any and all participation in any activities offered by CSD and/or City.