

Healthtrax Fitness & Wellness
Swim Lesson Registration 2018

Monday Swim Lessons

Educational Playcare

_____ 8 week session

Monday, 6/25 until Monday, 8/13

Camp weeks 2-9

_____ 4 week session

Monday, 6/25 until Monday, 7/16

Camp weeks 2-5

_____ 4 week session

Monday, 7/23 until Monday, 8/13

Camp weeks 6-9

*****Please make checks payable to Educational Playcare*****

Participant's Name: _____

Parent / Guardian Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home #: _____ Work/Cell #: _____

Emergency Contact: _____ Phone #: _____

8 week session: Check #: _____ amount \$88

Session 1: 4 week session: Check #: _____ amount: \$44

Session 2: 4 week session: Check #: _____ amount: \$44

Waiver of Liability and Assumption of Risk Agreement

By signing this waiver of liability and assumption of risk, participant, parent/legal guardian authorizes the above mentioned participant to use Healthtrax Fitness & Wellness at The Avon Wellness Center and acknowledges and accepts the risk inherent in the use of center services apparatus, appliances, facilities activities and voluntarily and expressly assumes the risk of injury, accident, death, loss cost or damage to the participant to their property which might arise from use of the center its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and or causes of action including but not limited to all bodily injuries, property damage weather or not it is contended the center, its agents, representatives or employees or their negligence contributed thereto on whole or in part, or was responsible therefore.

Signature further certifies that the participant is in good health and is able to undertake and engage in physical exercise/sports activities in which he/she chooses to participate. Signature assumes all responsibility for updating the Center of changes in physical condition and from reporting all injuries sustained at the club to the manager or safety director, and releases the Center, its directors, officers, shareholders, representatives, agents and employees from any liability arising out of said information.

Signature of Parent / Guardian: _____