

# Blue Dolphin Dive Center

## -Swimming-101 & Water Safety Class Registration-

Student's Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

**PAYMENT MUST BE MADE IN FULL AT THE TIME OF REGISTRATION - THANK YOU!!**  
A non refundable Registration Fee: \$5 per person Registration for \_\_\_\_\_ class  
From DATE: \_\_\_\_\_ to DATE: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR IS YOUR CHILD TAKING ANY  
MEDICATIONS ( YES / NO )**

Any additional comments (Certain things that the instructor &/or manager would  
need to know): \_\_\_\_\_

\_\_\_\_\_ Use blank paper if needed.

\*\*\*\*\*

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

**Emergency Name & #:** \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

### **Make-up Policy:**

In order to maintain the integrity of our classes regarding content and size, **WE DO NOT OFFER MAKE-UPS FOR WATER SAFETY CLASS.** Please do your best to attend the particular schedule that you have enrolled your child in. No schedule alterations once a session has started. **MAKE-UPS FOR SWIM-101,** please see the Swim Director.

### **PARENTS HELP**

In order to maintain the "Health and Safety" of your child. Please follow the advice of your family doctor in regards to the use of **SWIMMERS EAR** and **EYE DROPS** after swimming in the pool. Due to liability we do not provide or administer any medications including swimmers ear and eye drops. Please help us keep your child's ears and eyes in good working order. Remember, there are no refunds available, so please do your part.

### **Things to Bring & Not to Bring**

Arrive in swim suit to save time, bring change of dry clothes to change into, bring a Towel; Don't bring anything that cannot get wet. We are **NOT** responsible for any items brought to or left at the Dive Center. Please see director for special items you may need for the class you signed up for.

I have read, understand, and accept the Make-up, Parents Help, Things to and not to bring, Removal, Instructor Assignments, 20 Minute Rule, and Bodily Fluids Policies, Child Pick-up Rules.

Signature Needed : \_\_\_\_\_

**\*\*Please read thoroughly front & back\*\* \*\*Registration will be taken on the day of payment\*\***

1300 N. General Bruce Drive  
Temple, TX 76504  
(254)791-3483  
www.WILDOnSCUBA.com

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## **-Statement of Risks and Liability-**

***This is a statement in which you are informed of the risks any 'in water' and/or 'out of water' activity. The statement also sets out the circumstances in which you participate in swimming and or entering the water AT YOUR OWN RISK.***

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, please discuss with B. Ventures, Inc. If you are a minor, a parent or legal guardian must sign this form.

### **Swimming has inherent risks, which may result in serious injury or death.**

I understand and agree that neither the staff, the facility, nor its affiliates and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns, (hereafter referred to as "released parties") may be held liable or responsible in anyway for injury's, death, or other damages to me, my family, estate, heirs or assigns that may Occur as a result of my participation in swimming or as a result of negligence of any party, including the released parties, whether passive or active.

In consideration of being allowed to participate in any 'in water' and/or 'out of water' activity, I hereby personally assume all risks of the event whether foreseen or unforeseen that may befall me while I am a participant in this event. I further release, exempt and hold harmless said event and release parties from any claim or lawsuit by me, my family, estates and heirs, or assigns, arisen our of my participation in this including both claims before, during or after this event. I also understand that swimming is a physically strenuous activity and that I will be exerting myself during this event, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of the said injuries and I will not hold the released parties responsible for the same. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or legal guardian. I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this agreement is found to be unenforceable or invalid, that provisions shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein. You must advise truthfully and fully inform the staff of the facility of your medical history. Neither the staff, the facility through which this event if offered, the Blue Dolphin Dive Center or B. Ventures, Inc. accept any responsibility for any death, injury or loss suffered or caused by you or resulting from your own conduct or any matter conditioned under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by staff, the facility, your participation in this activity is entirely at your own risk.

**I \_\_\_\_\_ by this instrument agree to exempt and release the Land lord and the staff the Blue Dolphin Dive Center and B. Ventures, Inc, the facility, and all related entities as defined above, from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including but not limited to, the negligence of the released parties, whatever passive or active. I have fully informed myself on the contents of this liability release and assumption to the risk agreement by reading it before I signed it on behalf or myself and my heirs. I acknowledge receipt of this statement and read all of the terms before signing this statement.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian (where applicable)

\_\_\_\_\_  
Date (month/day/year)

Drivers Licenses # \_\_\_\_\_ State \_\_\_\_\_ THUMB PRINT →

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## **Problem Areas OUTLINED in BLACK –n- WHITE**

### **Bodily Fluids:**

When there are Bodily Fluids deposited in the water by students (i.e.: vomit, vomit with bile or fecal matter), we are forced to close the pool and excessively clean the area. Therefore, the customer whose child was responsible for the incident is held accountable for the costs to restore the pool Facilities to a sanitary condition.

**The customer agrees to pay a \$50 clean up fee before the child is again permitted in the pool. Furthermore, the customer also agrees to pay an additional \$50.00 if the pool needs to be shut down due to an accident involving fecal matter or bile. There are no exceptions.**

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

### **20 Minute Rule:**

If you have paid for a group class and for whatever reason your child is the only student in that class, then he/she will receive a 20 minute private lesson.

### **Instructor Assignments:**

We realize that some of our students and parents have become fond of certain instructors. As we have - we love our instructors! However, we will NEVER guarantee an instructor and we will always reserve the right to change instructors if other considerations require it.

### **Removal Disclaimer:**

Blue Dolphin is continually working to provide the best and safest swimming environment for our students and instructors. In order to provide everyone with the best possible situation in a swim class, Blue Dolphin RESERVES THE RIGHT TO REMOVE A CHILD from our group program if he/she CANNOT ADJUST TO A GROUP SETTING. Any child who requires an excessive amount of time from the instructor can compromise the safety of everyone involved. This may include children with ADD, ADHD, Autism, Hearing Impairment, Diabetes, etc... In order to continue in a group class, An assistant MUST be provided by the family for the student or we will request that the student be moved to private lessons (Private rates apply).

### **Who is authorized to pick-up your child:**

DL #: \_\_\_\_\_ NAME: \_\_\_\_\_

DL #: \_\_\_\_\_ NAME: \_\_\_\_\_

DL #: \_\_\_\_\_ NAME: \_\_\_\_\_

**\* Child must be picked up promptly at scheduled time. \***

**\* An additional fee of \$1.00 per minute will apply. \***

**I acknowledge and accept the receipt of the registration information and the policies stated therein.**

Signature of Parent/Guardian: \_\_\_\_\_

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

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