

SMART Communities

sustained | mitigation | adaptation | resilient | techniques

BVI Red Cross Swimming and Water Safety Programme

2019 REGISTRATION FORM

Parent/Guardian Name(s)

Email Address

Contact Number

Swimmer's Name

Swimmer's Gender

Swimmer's Birthday

Swimmer's Allergies: (if known)

Please list preferred days for swim instruction:

We occasionally take pictures of the kids in action swimming or doing other activities for our Facebook page. We hope to use these to keep parents and the community up to date on the happenings at the BVI Red Cross.

Please circle yes if you WILL give permission to have photographs of your child taken

Yes No

What to pack?

Note to Parents/Guardians

Swimsuit / trunks

Swim cap / nose plugs (optional)

Pair of goggles (optional)

Change of clothes

Large Towel

Drinking water

Medication

Release of Liability:

I release and hold harmless the BVI Red Cross, its board, staff, members, volunteers, and instructors from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises under the control and supervision of the BVI Red Cross in route to or from any of the said premises. I also acknowledge that enrolment, participation in or completion of lessons in no way implies that the participant is drown proof or water safe and that as the parent or legal guardian of the participant, I am ultimately responsible for my child's safety in or around the water and must at all times ensure appropriate, vigilant and persistent supervision. *

I have read the above and agree. Signature: _____ Print Name: _____ Today's Date: _____

Assumption of Risk:

I understand, agree and acknowledge that there are risks inherent in sports activities conducted by BVI Red Cross and its instructors. These activities may be of disastrous nature and/or may include swimming, diving and a variety of strenuous exercise and physical activities. With the full understanding of the facts, I state that to the best of my knowledge, the participant I am registering have no medical, physical, or emotional conditions that would hinder or prevent safe participation in BVI Red Cross Water Safety Programme. *

I have read the above and agree. Signature: _____ Print Name: _____ Today's Date: _____

Enrolment Review and Payment Policies:

I understand that I am enrolling for swim lessons with BVI Red Cross and that the information submitted on this enrolment form will require review as it is the intent of BVI Red Cross to provide each participant with an individualized, effective and safe learning experience. I acknowledge that in some health-related cases, BVI Red Cross may not be able to provide services. I certify that all medical/health information I have provided is correct and true and agree to provide additional information if requested, prior to the beginning of any lessons. I understand that in order to secure my child's selected lesson time I must pay all applicable registration fees per the instructions sent to me. I understand that participant enrolment may be cancelled if payment is not received. *

I have read the above and agree. Signature: _____ Print Name: _____ Today's Date: _____

Once the registration form is submitted you will receive confirmation from the BVI Red Cross and will be instructed of the meet times.

Registration fee: You will have **until 10th October 2019** to submit your registration form and fee. *This \$20.00 fee is non-refundable.* Failure to submit payment will result in your swim lesson appointment being cancelled.