

Youth Programming Registration Form



Activity _____

Session: _____

(Please Print)				
Participants Information				
Last Name:	First:	Birth Date:	Age:	Sex:
Street:		/ /		<input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip:		
Guardian (1) Name:		Home Phone:		
Guardian (2) Name:		Work Phone:		
Emergency Contact:(Other than guardian)		Phone:		
Email address:				
If child has taken swim lessons before, what was the Red Cross level completed?				
Medical History / Allergies				
Does this child have any disabilities, handicaps, diabetes, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes _____ No _____				
If yes, describe:				
Emergency Authorization				
I, the undersigned parent or legal guardian of the participant, a minor, hereby authorizes the staff at IROC acting in the capacity as my agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact the emergency contact person listed above, who is hereby authorized to act on my behalf.				
Signature of Parent / Guardian:				
Waiver of Liability				
For Indoor Recreation of Orleans County to accept registration and permit participation, I, the parent or guardian hereby give my consent and agree to release, indemnify, and hold harmless IROC including their staff, representatives and board members from any claim arising out of injury to the participant. I also hold the above harmless from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based upon religious philosophical beliefs or otherwise. I acknowledge that the medical coverage for participants in this activity is secondary to any other medical coverage applicable. I acknowledge that Indoor Recreation of Orleans County may compile addresses and mailing labels and may utilize photographs and videos of the participant and consent to such uses; I hereby waive all rights to compensation.				
Signature of Parent / Guardian:				
Code of Conduct and Aquatic Center Regulations				
Becoming a member of IROC or participating in an IROC-sponsored event or activity implies acceptance of IROC's Code of Conduct and Aquatic Center Regulations. Violations of these rules and regulations will result in parent notification. The IROC staff will handle situations that arise on a case-by-case basis, and the program director will determine appropriate consequences.				
I have read the information above and the Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.				
Printed Name of Parent or Guardian:				Date:
Signature of Parent / Guardian:				