



# PROGRAM REGISTRATION

Participant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Last Name, if applicable \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (not shared) \_\_\_\_\_ Phone \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any special needs or considerations? \_\_\_\_\_

**Fees must be paid in full at time of registration. DONATIONS (TAX-DEDUCTIBLE) ARE FOR EQUIPMENT AND SCHOLARSHIPS.**

Course	Day(s)	Time	Start Date	Fees
Participation in programming is granted on a first-come, first-serve basis. A waiting list will be created after programs are filled. Classes with registrations of 50% or less may be cancelled or combined with other classes. Calls will be made prior to the session start date if the class does not have 50% registration. You may be asked to choose another class time. No late registrations are accepted for certification classes or learn-to-swim classes. Make-up classes occur only on account of inclement weather, facility closure, or instructor illness. If more than half of a class period is complete before pool closure occurs, the class will not be rescheduled.				<b>Donation</b>
				<b>Registration Fee</b>
				<b>Balance Due</b>

**Refund Policy:** All refund requests should be made in person and accompanied with a written request. Triangle Aquatics will withhold the registration fee for any refund. 100% refund if Triangle Aquatics cancels the program. \$10 fee for transfer/credit within 1 week of start date. 50% Refund within 2 weeks of start date. Full refund if request made 2 weeks or more before start date. **Refunds are not issued after the first day of the program.**

I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself and my child being able to participate in such events, I, for myself, child(ren), heirs, executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Triangle Aquatic Center and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the insurance company or I will pay for medical, hospitalization or any other expenses resulting from my or my child's participation. I hereby authorize Triangle Aquatic Center staff to act on my behalf in accordance with their best judgment in case of an emergency involving me or my child(ren), and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. **PHOTO RELEASE:** I authorize Triangle Aquatics to use my image taken in classes for publicity purposes.

\_\_\_\_\_  
Signature (Parent's signature if participant is under 18 years old)

\_\_\_\_\_  
Date