

**Dry Water Adventures
20__ Registration Form**

Participant's Name _____ Age of 1st day of class _____ Birth date _____

Swim Class to Attend: _____ Week/Session: _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Parent/Guardian cell phone number _____ **(please keep your cell phone handy if you leave the pool)**

Child's physician _____ Physician's phone number _____

*Is there anything we need to keep in mind concerning your child? (vision or hearing issues, ear plugs, allergies, special needs, certain fears, etc.) _____

*How can we best relate to your child? Helpful hints, things that motivate them, things they are interested in:

*Please tell about your child's swimming abilities, including past experiences and comfort level in the water:

*What swim skills would you like to see your child improve in?

***** Please sign your initials giving permission to use pictures of your child for promotional purposes such as our website, brochures, Dry Water Adventures Facebook page, etc. _____**

***** Please sign your initials that you have read the Parent Information page located on the website. _____**

***** Please read the below information waiver, sign below it, and return this registration page with your cash or check payment, please make checks payable to CheryInn Dry and mail or drop off to:**

503 Kelly Crick
Victoria, Tx 77904

I acknowledge that I am the parent or legal guardian of the participant. I realize the nature of the risks associated with this activity. In consideration of the benefits to be derived from the participant's participation in the program, I hereby agree to hold harmless; indemnify, and defend Victoria Country Club, its board members, employees, CheryInn Dry, Son Valley Ranch and other persons who may assist in the water programs from and against any and all claims for personal injury or property damage arising out of the participant's participation in the program. Victoria Country Club & Son Valley Ranch assume no responsibility for drowning, sickness, or injury from the use of the facilities belonging to either facility. I further authorize CheryInn Dry and other persons who may assist in the water programs to obtain emergency medical treatment for the participant should an apparent need for this treatment arise.

Parent or Guardian Signature: _____ Date: _____