



LGI/ LG/WSI REGISTRATION FORM

(Submit form and payment to Aquatex, PO Box 594, Colleyville, TX 76034 Payment can be made via cash or check)

PARTICIPANT'S INFORMATION

Participant's Name:	Age:	Sex:	Date of Birth:	
Street Address:	City:	State:	Zip:	
Participant's Phone:	Participant's Email:			

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Relation to the Participant:
Home Phone:	Cell Phone:

Please confirm that you have read and understand the following information posted on our website:

<http://www.aquatxswimschool.com>

I, the participant and parent/legal guardian have read and understand the course pre-requisites.

I, the participant and parent/legal guardian have read and understand the course requirements.

I, the participant and parent/legal guardian have read through the Frequently Asked Questions.

Liability Waiver:

I, the participant, parent/legal guardian, hereby release, absolve and hold harmless Aquatex Swim School and its employees in the event of any accident, injury or death sustained by the above named participant while participating in any activity from any liability of any kind whatsoever.

I, the participant, parent/legal guardian of the above named participant, do hereby give permission for participation in any and all of the program's activities.

In the event of an emergency and I cannot be contacted, I authorize the person in charge to seek and obtain emergency medical treatment for the above named participant. I also authorize transport to the nearest medical facility in the event it becomes necessary. Aquatex Swim School does not provide accident insurance. It is recommended participants have personal accident insurance.

I, the participant, parent/legal guardian state that the above named participant has no medical, physical or emotional health conditions which would hinder or prevent participation in this training program.

I, the participant, parent/legal guardian consent to be photographed and to allow Aquatex Swim School to use any of the photos of the above named participant at its sole discretion.

I, participant, and parent/legal guardian have read and understand the liability waiver.

Signature (Parent's if participant is under 18 yr. old) _____ Date: _____