



GoodSwimmer.com  
1194 South 650 East  
Kaysville, UT 84037  
801-451-9141



# 2021 GoodSwimmer Registration

## Participant Information

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact (Enter at least one emergency contact)

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Medical Information

Does the participant have any medical condition of which the instructor should be aware? For example, diabetes or suffers from seizures. Select one:      YES      NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



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Participant Name: \_\_\_\_\_

Please contact Laura directly for the course selections for 2021.

**Course Selections**

Fill in the preferred course selected and provide an alternate. Please include the course time and number to prevent misunderstandings.

<i>Preferred Course Selection</i>		
Course Name	Course Time	Course Number
<i>Alternate Course Selection</i>		
Course Name	Course Time	Course Number

Waiver of Liability and Release Form on the following page.



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### Course Fees

Course fees are \$50 per participant per course. Make checks payable to GoodSwimmer.com. A single check can pay for multiple students, but each student must have a separately signed Waiver of Liability and Release.

### Waiver of Liability and Release

In consideration of my child, \_\_\_\_\_, being permitted to participate in GoodSwimmer swim lessons I, \_\_\_\_\_, in full recognition and appreciation of the dangers and risks inherent in such activities do hereby waive, release and forever discharge GoodSwimmer.com, its officers, agents and employees from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property and personal injury, or death which may result from my child's participation in these activities.

I understand and admit that my child's participation in GoodSwimmer.com swim lessons is voluntary. I assume full responsibility for any injuries or damages resulting from my child's participation in this program including responsibility for travel to and from the swim lessons. I recognize and understand that the activities may be hazardous, that my child's participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages. I affirm my child is in good health and further declare that he/she is physically fit and capable to participate in such activities.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and agree to be legally bound by it.

Participant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent/Legal Guardian signature is required  
for all participants less than 18 years of age.**