

**BEAUFORT COUNTY PALS**  
**AQUATIC REGISTRATION FORM**

*Updated 5/11/10*

Name of Participant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Home#: \_\_\_\_\_

Mother's Work#: \_\_\_\_\_ Father's Work#: \_\_\_\_\_

Mother's Cell#: \_\_\_\_\_ Father's Cell#: \_\_\_\_\_

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

Best person to contact: Mother \_\_\_\_\_ Father \_\_\_\_\_

Notify in case of emergency (other than parents): \_\_\_\_\_

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

List any major medical problems or medications needed: \_\_\_\_\_

Please check activity you or your child will participate in.

\_\_\_\_\_ **Swim Lessons**

\_\_\_\_\_ Guard Start \_\_\_\_\_ Lifeguarding \_\_\_\_\_ Low Impact Aerobics \_\_\_\_\_ H2O Aerobics

\_\_\_\_\_ Swim League \_\_\_\_\_ Synchronized Swimming \_\_\_\_\_ Water Polo \_\_\_\_\_ Underwater Hockey

Swim Experience (circle):    Novice                      Intermediate                      Advanced                      Other: \_\_\_\_\_

Session# \_\_\_\_\_ Class# \_\_\_\_\_

**POOL PREFERENCE (Circle)**

Battery Creek Indoor Pool      Beaufort Indoor Pool      Lind Brown (Greene Street) Pool      Bluffton Indoor Pool

I, the undersigned agree that the activity I have requested is on a space-available basis only. If there is no space in the class at the site that I have requested, I will be offered the activity at an alternate site. I further certify that all information listed above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Refund policy: 75% refund prior to 1<sup>st</sup> day of activity    0% refund after activity has begun.**

# **BEAUFORT COUNTY PARKS & LEISURE SERVICES**

## **LIABILITY AND RELEASE STATEMENT**

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby give my permission for his/her participation in the BEAUFORT COUNTY Parks and Leisure Services (PALS) sports/activity listed below. I am aware of the nature and extent of the program and do hereby unconditionally release and agree to hold harmless Beaufort County PALS, its agents and employees, from any and all claims of any kind or nature which may arise in connection with the program. I also give the instructor, coach, staff of Beaufort County PALS and persons acting on behalf of Beaufort County PALS, permission to seek medical attention for my child in my absence.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

## **IMAGE RELEASE FORM**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the Beaufort County PALS program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize that sports program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date