Children's Swim Program
Application, Medical Information, Liability Release & Parental Consent Form

Name:_____ Age:_____ Date of Birth:_____
Parent/Guardian Name:_____ Telephone:_____ Cell:_____
Address: Street:_____ City:_____ State:_____ Zip:_____
E-mail Address:_____

Please check:

- ○ **Parent-Tot**
- ○ **Pre-School Swim Class**
- ○ **Private or Semi-Private Swim Lessons**
- ○ **Level 1: Tuesday 4 pm: Start Date: _____**
- ○ **Level 2: Thursday 4 pm: Start Date: _____**
- ○ **Summer Mornings: Start Date:_____Time:_____Level:_____**
- ○ **I am interested in Readiness Evaluation**

In case of emergency, contact:_____ Relationship:_____
Phone:_____
Has child participated in swim lessons? Yes ☐ No ☐
Is child comfortable in the water? Yes ☐ No ☐
Does child have any water experience? Yes ☐ No ☐
Can child float? On front ☐ on back ☐
Has child previously worn swimmies or life jacket for comfort in the water? Yes ☐ No ☐
Comments:_____

_____

Release of Liability/Parental Consent Form

Please read and sign if participant is a minor or under the care of Person Authorized to Consent

I, _____, (print name of parent or guardian), hereby release, waive, discharge and covenant not to sue Wake Forest University Baptist Medical Center, North Carolina Baptist Hospitals, Inc. and Wake Forest University School of Medicine, their affiliates, agents, therapists, and other employees of the organization, other participants, sponsoring agencies, their heirs, successors and assigns, and if applicable, owners, and lessors and lessees of premises; all of which are hereinafter referred to as "releasees" from demands, losses or damages on account of injury, including death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided in favor of the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree for myself and my minor child to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provided above.

_____ _____
Signature of Parent or Person Authorized to Consent for Participate Date

Please note any medical conditions or concerns:

_____

_____

_____

Physician Information

Physician's Name:_____ Physician's Phone #:_____

Please complete the application form and return via fax or mail to:

Debbie Drayton
Aquatic Program
PO Box 571207
Winston-Salem, NC 27157-1207
Phone: 336-713-8190
Fax: 336-713-8193
Pool: 336-713-8082
E-mail: ddrayton@wakehealth.edu