



# Harriet Plummer Aquatic School @ The Lafayette Tennis Club



Mr.  Ms./Mrs. Parent Or Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Text Messages: cell phone number and service provider (ex: Verizon, AT&T etc): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_  male  female Age: \_\_\_\_\_ DOB: \_\_\_\_\_  male  female Age: \_\_\_\_\_

Medical Problems or Concerns: \_\_\_\_\_ Medical Problems or Concerns: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Any additional students, comments, etc: \_\_\_\_\_

DOB: \_\_\_\_\_  male  female Age: \_\_\_\_\_

Medical Problems or Concerns: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## WAIVER:

*I agree to assume all liability for my child(ren) and myself without regard to fault while at Harriet Plummer Aquatic School at The Lafayette Tennis Club. I further agree to hold harmless KN Swimming LLC or any employee for any complications or injuries that may result to my child(ren) or myself while at Harriet Plummer Aquatic School at The Lafayette Tennis Club. I also understand that although my child will acquire proficient skill during lessons, children need adult supervision around or near water at all times and are not considered drown proofed.*

I, ON BEHALF OF MYSELF AND THE CHILD, HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT ON BEHALF OF THE CHILD AND OF MY OWN FREE WILL.

I HAVE READ THE ABOVE POLICIES FOR HARRIET PLUMMER AQUATIC SCHOOL AND AGREE TO THE HPAS POLICIES.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_