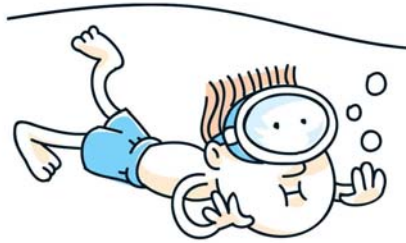


Special Needs Swim Program at Healthtrax



4 week cycle; cycle dates determined by instructor

**Time: 10am-10:30am
10:30am-11am
11am-11:30am
11:30am-Noon**

Price: \$125/child

Location: Healthtrax Fitness and Wellness (Hanover, MA)

**Contact: Lauren McGonagle 781-500-0281/ lmcgonagle208@yahoo.com
Checks payable to: Lauren McGonagle**

***Saturday morning swim lesson program for children with varying special needs. Children will be grouped by age and ability in half hour lessons with an instructor and aide. Price is per session. Space is limited- First come first serve!**

****Parents must stay on deck for child's lesson**

Cut and Return.....

Child name:

Parent Name:

Age:

Phone Number:

Specify child's needs or any special requests:



Healthtrax
Fitness & Wellness

20 East Street, Hanover, MA 02339

781-826-1300

Program Registration Form

Name of Program: Swim Lessons

Registrant Name: _____

Parent or Guardian: _____

Age of Registrant: _____

Circle One: Member or Non-Member

Address: _____

Town: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Emergency Contact: _____

Email Address: _____

By signing this waiver of liability and assumption of risk agreement, registrant, parent/legal guardian authorizes the above mentioned registrant to use Healthtrax Fitness & Wellness and acknowledges and accepts the risks inherent in the use of center, services, apparatus, appliances, facilities, activities and voluntarily and expressly assumes the risk of injury, accident, death, loss cost or damage to the registrant to their property which might arise from use of the center or its services, facilities, apparatus, equipment or activities and releases the center, its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and or causes of action including but not limited to all bodily injuries and property damage whether or not it is contended the center, its agents, representatives or employees or their negligence contributed thereto in whole or in part, or was responsible therefore.

Signature further certifies that the participant is in good health and is able to undertake and engage in physical exercise sport activities in which he or she chooses to participate. Signature assumes all responsibility for updating club of changes in physical condition and for reporting all injuries sustained at the club to the manager or safety director, and releases the club, its directors, officers, shareholders, representatives, agents, and employees from any liability arising out of said information.

Signature of applicant: _____

Signature of parent or guardian: _____

Swimming Lessons
Additional Information and Consent Form

Participant's Name:

Student Information (Please be assured that all student information will remain confidential)

Medical conditions (concerns, allergies, etc.):

Information on student's strengths and interests to assist the instructor:

Information on student's challenges or weaknesses to assist the instructor:

Does your child currently receive services via: IEP? Yes / No 504? Yes / No

I understand and affirm that by registering my child for this program, I grant permission for Healthtrax and CORSE to use photographs and/or videos of my child in our publications, materials and websites. If there is a need to avoid photos of your child, you must contact corsefoundation@comcast.net and put your request in writing. Every effort will be made to avoid photos in regards to this request, but it cannot be guaranteed.

Name of Parent or Guardian:

Date:

In addition to the business/organization's own liability form, parent or guardian will also have to sign this form.

**Scituate CORSE Foundation
Parental Consent, Release from Liability and Indemnity Agreement
(Please read carefully.)**

I understand and affirm that by registering my child _____ for this program _____ that is affiliated with CORSE, I grant permission for CORSE to use photographs and/or videos of my child in CORSE, SPS and/or Scituate Recreation publications, materials and websites. If there is a need to avoid photos of your child, you must contact corsefoundation@comcast.net and put your request in writing. Every effort will be made to avoid photos in regards to this request, but it cannot be guaranteed.

I/We, the undersigned father, mother or guardian of the child registered ("my child") _____, a minor, do hereby consent to my child's participation in the voluntary after-school, athletic or recreation program of _____. **This program is run and managed exclusively by _____, not the CORSE Foundation nor the Scituate Public Schools or Scituate Recreation Department. CORSE is affiliated but is not involved in the direct management or operations of the program.** I/We also agree to forever RELEASE the Town of Scituate, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Scituate, the School Committee, and all their employees, officers, agents, board members, volunteers, parent/teacher organizations, Scituate CORSE Foundation, Friends of Scituate Recreation, Inc. and any and all individuals and organizations assisting or participating in voluntary after-school, athletic or recreation programs of the Town ("the Releasees") from any and all claims, actions, rights of action, and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the said voluntary after-school, athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in this voluntary after-school, athletic or recreation program or administration of first aid.

I/We further affirm that I/we have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in this particular after-school, athletic or recreation program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary after-school, athletic or recreation program. Permission is granted for any emergency medical treatment needed.

I have read and understand the contents of this agreement and all program policies (this is required for enrollment).

Signature of Parent(s) or Guardian(s):

Date: