

I agree to the above billing policy.

Parent Signature\_\_\_\_

## **OJAI HEAT SWIM TEAM**

\_ Date\_\_\_

		2013-2014 Registration Form				
Swimmers	Name:		Start date:			
Parents Na	me/s:		/			
Home Phone:		Additional Phone:				
Address:						
E-MAIL _						
(email-is red	quired for communic	ation)				
Swimmers	Date of Birth:	Age:	Sibling Discount(circle) Y N			
OVAC Mei	mber(circle) Y	N Membe	rship Number :			
Payment Options: (circle)						
		OVAC MEMBERS	NON- MEMBERS			
	SEASON (12 weeks)	\$170.00	\$ 245.00			
	MONTHLY	\$60.00	\$ 85.00			
	DROP-IN	\$12.00	n/a			
arrangement of each mon half months	ts have been made po th to your OVAC ac , refunds or sick mak	rior to the 10 <sup>th</sup> . Attendance records count. Monthly payments are calculated as a count.	the 10 <sup>th</sup> of the month unless other payment are kept and drop-in payments will be billed at the end ulated by calendar months and there is no prorating, witch from monthly to drop-in status must do so by the			
and there is	The second secon	onths, refunds or sick make-ups. N	Monthly payments are calculated by calendar months on-member must adhere to and sign the non-member			
seasonally d	liscount per addition	al sibling. Siblings must be enrolled	the team will receive a \$5 monthly or \$15.00 d in the same season/month and discounts do not apply mer qualifies for the sibling discount.			

Emergency Contact Person:	Phone Number:	
Emergency Contact Person:	Phone Number:	
Doctor:	Insurance Co	
Policy #:		
Any special concerns, allergies, medications:		
Procedure for I	Disciplinary Action	
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## **Non-Member Swim Policy**

OVAC welcomes non-members to our Swim Program!

- 1. All non-members must **sign-in** *and* **out stating the time at the front desk** on the Non Member Sign-In Sheet.
- 2. All non-members must have a signed Swim Program registration form & liability waiver on file.
- 3. All non-members must also sign a liability waiver at the front desk annually.
- 4. Only non-members who are currently enrolled in swim lessons or swim team may enter the club. Parents who wish to watch **must sign/out at the front desk also.**
- 5. Non-members may only arrive **15 minutes** before the lesson/ class begins and **must leave 15 minutes** after lesson/class is over.
- 6. Only the child enrolled in the swim lesson/class may use the pool designated for the class. No other family members are allowed to use any OVAC pool unless they pay a guest fee.
- 7. Non-members are required to comply with all OVAC pool rules and regulations.
- 8. Non-member must pay class fees **PRIOR** to attendance.
- 9. If non-members wish to use the pool after lessons, they must pay a guest fee each day.
- 10. Only non-members who follow these procedures will be allowed to participate in the program.
- 11. If non-members fail to check in at the front desk or do not adhere to this policy they will lose their ability to participate in OVAC swim programs.

## Thank you for participating in our Swim Program!

As a Non-Member guest of the facility, I agree to follow all club rules with my child who is currently enrolled in the swim program. I agree to follow all the Non-Members policies as describes above.						
Name of child (please print)	Parent Signature					
Date						

Medical Authorization and Consent to Treat
Pursuant to California Family Code 6550 and 6910, I,, a parent or legal guardian having legal custody of the following minor child:, hereby authorize Ojai Valley Athletic Club, to consent to any X-ray examination (or similar examination such as by CAT/MRI scan), anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor children listed above under the general or special supervision of a qualified physician, surgeon, or dentist I agree to pay any and all costs for the foregoing. I have no knowledge of any physical or mental impairment that would affect the Participant's ability to participate in this activity.
DATE SIGNATURE
DATE SIGNATURE
Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement  I, the Responsible Party, on my own behalf, and behalf of all others who are listed as Participants, under this Agreement, including my unborn and/or minor children, and my and their personal representatives, assigns, successors, heirs, and next of kin, (hereafter collectively referred to as the "Participants"), acknowledge and agree that the use of the facilities, services, equipment or premises of Ojal Valley Athletic Club (the "Club") by any of the Participants involves risk of injury to persons and property, and the Participants assume full responsibility for such risks for myself/irlemselves. The Participants agree and acknowledge that l'they have entered into the Agreement for use of the Club's facilities, services, equipment, or premises primarily for recreational purposes and not to use any specific piece of equipment or training methodology. In consideration of being permitted to enter the Club's facilities for any purpose, including, but not limited to observation, use of facilities, services, or equipment, or participants in any way, the Participants agree to the following: the Participants are authorized to, and do hereby release and hold the Club, its and their directors, shareholders, officers, parents, subsidiarles, employees, members, managers, independent contractors, and agents harmless from all liability to all the Participants and any of my/their personal representatives, assigns, heirs, and next of kin from any loss or damage sustained by any of the Participants hereby waive any claim or demands therefore based on, or on account of, any injury or death to any of the Participants hereby waive any claim or demands therefore based on, or on account of, any injury or death to any of the Participants and property damages sustained by any of the Participants, whether caused by the active or passive negligence of the Club or otherwise, while any of the Participants, upon, or about the Club's premises, or while u
I represent that I have the actual authority to, and do hereby enter into this Release on my behalf and as an authorized agent, or parent or legal guardian for all of the Participants. I have read and voluntarily signed this Release and I further agree that no oral representatives, statements or inducement apart from the foregoing Release have been made to me.

Date

Responsible Party Signature