

Committed to Excellence!



Students Profile (confidential):

First Name _____ Last Name: _____

Students date of birth _____ Age _____ years _____ months

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax _____

Email _____

How did you hear about us? _____

Parent / Guardian Information:

Relationship: _____

First name _____ Last Name: _____

Relationship: _____

First name _____ Last Name: _____

Student's Medical History:

Please List any known medical conditions, including recent injuries, medications, allergies, behavioral issues, health issues, special needs, or learning disabilities for your child that may affect their participation in our program (confidential) Physician's written approval, may be required.

Student's Aquatic History:

Please note any pertinent information regarding your child's aquatic experience to date including any prior aquatic experience or instruction, fear issues, general comfort level in the water etc. so that we may better serve their needs (you may use the back of this sheet if you need more space)

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Policy Acceptance: I have received and read a copy of the Aquatics Academy's Policies / Fee Schedule and fully agree to abide by its terms. I understand that policies and fees may be subject to change without notice.

Name _____ Date _____

Signature _____

Liability Release and Waiver

I, _____ (Adult) being over the age of 18 years, and being the parent/legal guardian of _____ (Children), have either enrolled and/or has enrolled a minor or minors (known as "Enrollee(s)") to participate in aquatic activities offered by The Aquatics Academy at the Pool Facility located within the Pocono Plaza Inn Hotel 1220 West Main St. Stroudsburg, PA, hereafter known as the "Pool Facility" used, leased or licensed to The Aquatics Academy. I hereby agree and state as follows:

I hereby authorize any representative of The Aquatics Academy or the Pool Facility to arrange to treat the Enrollee(s) for injury in any medical emergency during participation in aquatic activities at the Pool Facility. Further, I agree to pay all costs incurred for medical care and transportation for Enrollee(s), as the case may be. I fully acknowledge that there can be certain life-threatening risks involved in swimming activities.

I hereby waive, release, and forever discharge and agree to indemnify and hold harmless The Aquatics Academy, their Pool Facility, their shareholders, owners, members, directors, officers, agents and employees (the "Released Parties") from any and all actions, suits, demands, claims, damages, attorney fees, and causes of action of any type or kind whatsoever arising out of or caused by Enrollee's participation in any aquatic activities at the Pool Facility.

I represent that Enrollee(s) has (have) no known medical/health problems or has (have) obtained written approval from a physician to participate in aquatics activities. I have carefully read the terms of this waiver/liability release and sign it with full knowledge of its contents and significance.

Signature _____ Date _____

Print Name _____