

HAR-BER MEADOWS COMMUNITY POOL
Swim Instructor Registration Form - 2016

Parent Name:

(Last)

(First)

Address: _____

Cell Phone: _____ Email _____

Swimmer Information

Name: _____ **Age:** _____

Swim Instructor Information*

Name: _____

Swim Instruction Dates: _____ Lesson time: _____

***Swim lessons cannot be scheduled from 11pm – 5pm**

I GIVE PERMISSION FOR (name) _____
TO CARE FOR MY CHILD/CHILDREN AT THE HAR-BER MEADOWS COMMUNITY POOL
WITHOUT MY SUPERVISION. I UNDERSTAND AND AGREE THAT MY PERMISSION
GRANTED HEREBY IS AT MY SOLE RISK. I UNDERSTAND AND AGREE THAT THE
HAR-BER MEADOWS COMMUNITY POOL, IT'S EMPLOYEES & BOARD MEMBERS
SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL,
CONSEQUENTIAL OR EXEMPLARY DAMAGES RESULTING FROM THE USE OF THE
HAR-BER MEADOWS COMMUNITY POOL BY MY INSTRUCTOR OR MY CHILDREN
WHEN UNACCOMPANIED TO THE POOL BY ME NOR SHALL HAR-BER MEADOWS
COMMUNITY POOL BE RESPONSIBLE FOR MORE THAN ITS NORMAL STATED
RESPONSIBILITIES UNDER ITS RULES AND REGULATIONS AND BY-LAWS. IN
ADDITION, MY INSTRUCTOR WILL ABIDE BY THE POOL RULES, ANY ABUSE
RESULTING IN THEIR LOSS OF POOL PRIVELEGES. IF DEEMED NECESSARY BY
POOL ATTENDANTS AND/OR POOL MANAGERS, IN CASE OF A MEDICAL
EMERGENCY, YOUR SIGNATURE AUTHORIZES CONSENT FOR MEDICAL TREATMENT
AND YOU WILL BE LIABLE FOR MEDICAL COSTS INCURRED.

Signature: _____ **Date:** _____

Pool Manager approval: _____