



City of Terrell Water Aerobics Aquatic Program

Incident Waiver Form

Adult

I certify I am physically and mentally able to take part in the Water Aerobics Program activities.

Minor

I give permission for my child to participate in the City of Terrell Water Aerobics Program, and I certify that my child is physically and mentally able to take part in the Water Aerobics Program.

In case of an emergency I give the City of Terrell staff permission to seek emergency care and transportation for myself (or my child) through the local emergency medical services system if needed.

I understand this activity and the risks involved, and that staff AND volunteers teach the classes. I further understand that any financial responsibility for injuries is mine and must be covered by myself or by my own insurance.

In consideration for being allowed to participate in the City of Terrell Water Aerobics Program, I do hereby release and discharge the City of Terrell, its assignees, officers, agents, employees, volunteers, and officials and their successors from any and all liability for personal injury (including death), emotional distress or loss of support that may be incurred or resulting from my (or my child's) participation in the City of Terrell Water Aerobics Program, except where the same is caused by the willful misconduct of the City of Terrell, its employees or agents.

Participant's Signature (Over 18 yrs of age) _____

Child (Children's) Name(s) _____

Signature of Parent or Legal Guardian _____ Date: _____

Student will not be admitted into class without this signed form.

*****Your signature means that you have read, understand and agree to the registration form, incident waiver, and Emergency Information form.*****

Emergency Information

In case of emergency contact:

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Any known allergies: _____

Physician: _____ Phone Number: _____

Other pertinent information: _____



Water Aerobics 2012 Registration Form

Name: _____ Gender: M/F Previous Student: Y/N
(Last, First)

Name: _____ Gender: M/F Previous Student: Y/N
(Last, First)

Address: _____ City: _____ County: _____ Zip: _____

E-mail: _____ Phone #: _____

Name (First Name)	Month	Time	Paid	Punch Card
		6:30pm—7:30pm		
		6:30pm—7:30pm		
		6:30pm—7:30pm		
		6:30pm—7:30pm		

Total Payment Amount: \$ _____

Method of Payment:

Cash
 Check# _____
 Visa
 Master Card

Credit Card Number: _____ - _____ - _____ - _____ Exp ____/____

Signature: _____

I agree to the payment above, and I also understand the refund and transfer policy.
Participants are not enrolled until payment is received.