"Greater Columbus Swim School"

2009/2010 PROGRAM APPLICATION

PLEASE NOTE THAT THERE IS NO OPEN SWIMMING FOR PARTICIPANTS OR THEIR FAMILY MEMBERS AT ANY OF OUR FACILITIES. FOR YOUR OWN SAFETY AND FOR OBVIOUS LIABILITY REASONS... NO ONE IS TO BE IN THE POOL UNTIL THEIR INSTRUCTOR ARRIVES AND CLASSES BEGIN... THANKS!

_____

Swimmer's Name - Last First Middle

_____

Address City State Zip

_____

Telephone E-Mail Birth date Age Sex

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.):

_____

_____

Note: Participants in this program are requested to obtain physicians clearance for this activity. Sole responsibility for doing so rests with the individual completing this form. Your signature on this form releases the Team, its management, ACE Inc. and the Facilities from any liability in relation to this request.

In case of emergency, please notify:

1 - _____

Name Telephone # Relationship

This is registration into the Greater Columbus Swim Team of Ohio's (GCSTO) instructional program series, "Greater Columbus Swim School", which is owned and operated by Aquatic Consultants Enterprises, Inc. (ACE). Please read the following statements and sign below.

I understand that swimming is a hazardous activity. I recognize that there are risks inherent to this activity including, but not limited to, paralysis and death. I, and the participant, agree to abide by the Constitution, Rules, By-Laws, Decisions and interpretations of ACE Inc, the instructional staff, Ontario High School, or any other facility in which programming may operate for the duration of this contract. I grant permission for ACE Inc. and the Instructional Staff to authorize any necessary medical attention to the above named participant in case of accident and my absence. I hereby give my consent for the above named participant to engage in any and all program sessions from the signing date below through May 15, 2010. I release and hold harmless ACE Inc., the instructional staff, Ontario High School, or any other facility in which programming may operate for the duration of this contract and their Management (coaches, instructors, officers, directors, agent contractors & employees) against liability resulting from injury or sickness that may occur to the participant while participating in this program. I, and the participant, also agree to indemnify and hold harmless all named entities for any damages incurred arising from any claims demanded.

Date_____ Parent/Guardian Signature_____

Mail To: GCSS * Attn: Sarah Schmidt * 179 Otterbein Rd., Mansfield, OH 44904

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