



City of
Corpus
Christi
PARKS &
RECREATION

Aquatics Division Registration Form

Fill out one registration form
for each participant.

Corpus Christi Parks & Recreation Department

PLEASE PRINT

Site: _____ Date of Birth: _____ Grade: _____

Participant's Name: _____ Age: _____ Sex: _____

Address: _____ Corpus Christi, TX ZIP: _____

Phone (H): _____ (W): _____ Cell #: _____

Email Address: _____ (to receive aquatics program and event announcements)

Second Parent: _____ Phone (H): _____ (W): _____ Cell #: _____

Emergency Contact: _____ Phone (H): _____ (W): _____

(If parents cannot be reached)

Alternate's Address: _____ Corpus Christi, TX ZIP: _____

Special Needs: *List any special needs that the participant may have, such as allergies, existing illness, previous serious illness, any medication prescribed for long-term continuous use, and any other information which staff should be aware of.*

No Yes If yes, please explain: _____

Physician: _____ Address: _____ Phone: _____

Medical Release/Waiver

I (Parent/Guardian), _____, do hereby authorize the City of Corpus Christi to provide emergency medical treatment to my child, _____, in the event that I am unreachable and in the event of an emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be the best able to serve my child's needs, and further; I understand that I am totally responsible for any expense associated with such treatment. The safety of my child is always the City's number one concern. I understand that every effort will be made to contact me or the person who has been designated by me as soon as practical after such an occurrence. **I hereby agree not to sue the City of Corpus Christi if my child is injured in any manner while participating in said program. I will hold the City of Corpus Christi and staff harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury my child may receive while participating in said program. I understand that by signing this I give up all rights to sue the City of Corpus Christi.**

Parent/Guardian's Signature: _____ Date: _____

Photography / Story Release

I hereby **DO** _____, **DO NOT** _____, consent and authorize the City of Corpus Christi to reproduce photographs or video of my child for advertising and publicity purposes of every description. (See back page to complete Photography/Story Release form.)

Participant's Signature: _____ Date: _____
(If under age 18, Parent's/Guardian's Signature)

By my signature below, I acknowledge that all the information that I have provided on this Registration Form is correct.

Participant's Signature: _____ Date: _____
(If under age 18, Parent's/Guardian's Signature)

How did you hear about our programs?

Survey to Better Serve You

Check all that apply. Thank you.

Flyer/Guide Newspaper TV Radio Website/Online Word of Mouth/Friend Called Parks & Recreation

Course Information

<input type="checkbox"/> Level 1	<input type="checkbox"/> Lifeguarding	<input type="checkbox"/> Water Aerobics
<input type="checkbox"/> Level 2	<input type="checkbox"/> Water Safety Instructor	<input type="checkbox"/> Private Swim Lessons
<input type="checkbox"/> Level 3	<input type="checkbox"/> Lifeguard Instructor	<input type="checkbox"/> Collier Pool Swim Event
<input type="checkbox"/> Level 4	<input type="checkbox"/> Summer Swim League	Session Location: _____
<input type="checkbox"/> Level 5	<input type="checkbox"/> Guard Start	Session Dates: _____
<input type="checkbox"/> Level 6	<input type="checkbox"/> Parent/Tot Aquatics	

The City of Corpus Christi promotes participation regardless of race, color, national origin, sex, age, religion, political belief or disability. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. For assistance or to request a reasonable accommodation, please call 361-826-3460 at least 48 hours in advance. Upon request, this information can be available in large print and/or computer disk.

PHOTOGRAPHY/STORY RELEASE

I hereby give the City of Corpus Christi, its successors and assigns and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use my name and/or photographic likeness, voice or words of the participant; still, single, multiple or moving; in which I may be included in whole or in part, or composite.

I waive any right to inspect and approve the finished product or copy that may be used or the use to which it may be applied. This authorization and release covers the use of said materials in any published or broadcast form (television, radio, films, newspaper, magazines), Web pages, with any medium of advertising, publicity or trade in any part of the world for the purpose of advertising or communicating the purposes and activities of the City of Corpus Christi and in appealing for funds to support such activities.

Furthermore, I, for myself, my heirs, executors, administrators, or assigns, transfer to the organization, its successors and assigns, all of my rights, title and interests in and to all representatives of the organization.

I hereby warrant that I am of full age, or the parent/legal guardian of the child/minor named below and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and that I am fully familiar with the contents thereof.

NAME (Please print) _____

NAME OF CHILD(REN)/MINOR _____

SIGNATURE (GUARDIAN) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ DATE _____

POLICIES

Group Swim Lesson Policies

1. Missed classes cannot be made up or refunded.
2. Any child not yet completely toilet trained must wear a special aquatic swim diaper in the pool.
3. Parents should sit away from the edge of the pool, allowing your child to focus on the lesson.
4. Classes not meeting the minimum enrollment will be cancelled. Group lesson class minimum: 2 participants.

Private Swim Lesson Policies

1. No more than two participants in any half hour session.
2. Cancellations made 24 hours in advance will be rescheduled.
3. Cancellations made less than 24 hours in advance will not be rescheduled.
4. You may reschedule one session within a four session package.
5. To cancel or reschedule a lesson please call 826-1749 or e-mail Natatorium@cctexas.com.

Refund Policy

Refunds are available under the following policy:

1. A course is cancelled by Corpus Christi Parks and Recreation Department.
2. A registrant cannot participate due to a change in the course dates or times.
3. (1) If the participant withdraws from the course before the second class and (2) the participant does not put the program below the minimum requirement for course registration. A \$5 processing fee will be charged if a refund is requested.

Requests for refunds must be made prior to the second class!