

CHESHIRE COMMUNITY POOL REGISTRATION FORM

**THIS FORM NEEDS TO BE COMPLETED IN FULL OR IT WILL NOT BE ACCEPTED
PAYMENT MUST ACCOMPANY REGISTRATION.**

PARTICIPANT REGISTRATION

First Name: _____ Last Name: _____ Gender: _____
 Birth Date: _____ School: _____ Grade: _____

Activity Code	Name of Program	Fee
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

ADULT/GUARDIAN 1

Name: _____
 Address: _____
 Town & Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

ADULT/GUARDIAN 2

Name: _____
 Address: _____
 Town & Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Family E-Mail Address: _____
 Emergency Contact Name (other than above): _____ Phone: _____

HEALTH INFORMATION: *All information will be kept confidential. Please check all that apply*

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergy/Anaphylaxis | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Physical Dysfunction/Mobility Difficulty |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Auditory or Visual Processing Difficulty | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision, Hearing or Speech Problem |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability | |

If any item was checked please elaborate: _____

For us to better accommodate participant's needs, please list any medical, physical, psychological or emotional issues not mentioned above: _____

SWIM LESSON INFORMATION REQUESTED: Please complete if registering for swim lessons

Alternate : _____
 Private lesson availability: Day _____ Time _____ (private lessons only)
 Second Choice Day _____ Time _____ Teacher Preference _____

Participant acknowledges that he/she or the parent or guardian 1) has read and understands the information given, 2) certifies that he/she is in good physical condition and is fit to participate in this activity, 3) understands that Aquatic/ Recreational Activities have categories of inherent risk and that accidents can occur, and 4) that he/she must always be alert for dangers to themselves and to other participants. Participants may be photographed for the purpose of promotion or advertising in future brochures, in newspapers, the Pool website, and/or Facebook page. Participant must sign below, if participant is under 18 years of age a parent/guardian signature is required.

Signature

Date

PAYMENT REGISTRATION

Amex Master Card Visa Discover Cash Check payable to: Cheshire Community Pool

Card Number: _____

Expiration Date: _____ Amt. Paid: _____

Signature

Date