



Enrollment and Liability Release Form (Swimmers Information - 2 maximum per form)

DATE _____

First Name _____ MI ___ Last Name _____ DOB _____

First Name _____ MI ___ Last Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell or Work Phone _____

Email _____

Parent/Legal Guardian Name (If applicable) _____ Phone _____

How did you hear about us? () Referral () Drive by () Internet () Other _____

Permission for Enrollment and Release of Calypso from Liability

I am an adult over 18 years of age and wish to participate in swimming related activities. In the case of a minor, I am the parent/legal guardian of the minor and give my permission to participate in the activities. I understand that even when reasonable precautions are taken, accidents can occur. Therefore in exchange for Calypso allowing me or my child to participate in activities I expressly acknowledge that I release Calypso and its staff members from all liability for any injury, loss or damage connected in any way what so ever to me or my child's participation in activities whether on or off Calypso's premises. I understand that this release includes any claims based on negligence, action or inaction, of Calypso staff, directors, and guests. I have read, understand and I am voluntarily signing this authorization and release.

Authorization for Emergency Medical Treatment

If myself/my child, _____, should become ill or injured during activities at Calypso, I understand that Calypso will (1) contact me immediately or (2) contact the person I have designated below. If I cannot be reached, nor the person designated below, they (Calypso) are authorized to contact my child's physician or arrange for immediate emergency treatment necessary to insure my/my child's health and safety.

Emergency Contact: _____ Phone Number: _____

Physicians Name: _____ Phone Number: _____

Photo Release:

I ()do ()do not (please check appropriate area) grant permission to Calypso to take and use photographs and videos taken of myself/my child - full name: _____

Signature: _____ Date: _____ Staff Initials: _____

PLEASE NOTIFY US ON ANY CHANGES IN THE ABOVE INFORMATION