



Ocean City Aquatics Mail-In Registration Form

603 Penguin Drive, Ocean City, MD 21842

www.oceancityaquatics.com • oceancityaquatics@yahoo.com • 410-520-0098



Payment must accompany registration form. Please make check payable to: Ocean City Aquatics.

Parent's Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Hm. Ph: _____ Cell: _____ Work: _____

	PARTICIPANT	DOB	LEVEL	DAYS	START DATE	TIME	Member # Resident	FEE Guest Non-Resident
1								
2								
3								
4								

Participation in Ocean City Aquatics is intended to promote healthy and safe swimming opportunities for myself, child and or children. Like many physical activities, swimming and associated activities pose certain inherent health risk that can result in serious injury (physical and/or emotional) or even death. I acknowledge and assume the risks inherent with my child/children's active participation in Ocean City Aquatics. Failure to follow safety instructions may lead to my child/children's suspension or cancellation of swim instruction. Discretion is left entirely to the Ocean City Aquatics staff to determine whether and when removal is appropriate. Consent and permission for the taking of photography and/or video and/or audio of participants to be utilized for instruction and/or advertisement.

Release and wavier: By signing this form, I acknowledge that I have been informed about certain risk and responsibilities in this program. I am acknowledging that I am knowingly and voluntarily assuming the risks. Further, by signing this form I also agree, for myself, my heirs, and assigns to release and hold harmless Ocean City Aquatics its employees and agents, from any legal claim or liability for any bodily injury and personal property damage that is caused to me by the negligent act or omission of persons not a party to this agreement. I further understand that my child/children cannot be left unattended during swim instruction. This wavier applies to all current and future swim classes and/or lessons taught by Ocean City Aquatics.



Signature of Parent: _____ Date: _____