

East Lyme Aquatic & Fitness Center Sports Academy Registration Form

Complete the registration form below. Include all pertinent information. Return the completed form with payment in full to the ELAFC office. We accept cash or checks. Checks are made payable to ELBOE Spec Acct.

Adult Participant (s) OR Parent/Guardians

Name: _____

Address: _____ Town & Zip: _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Please Circle best phone to reach you

Family Email: _____

Emergency Contact name _____ Phone: _____

Class/ Membership Type	Session Start/Join Date	Date of Birth	Grade in Fall	Participant Name	Age	Fee

Member of ELAFC Yes No Membership Number: _____

Total Payment \$ _____ CASH or CHECK (Please make checks payable to **ELBOE SPEC ACCT**)

There will be a make-up if the class is canceled by East Lyme Aquatic & Fitness Center (ELAFC). **There will be no refunds or make-up classes for personal absences under any circumstances.**

Participation in this program and any other programs at ELAFC is strictly at participant's own risk. Participant or parent or legal guardian (if participant is under 18) acknowledges and accepts the risks inherent in the use of the center's services and facilities and voluntarily assumes the risk of injury, accident, death, loss, cost, or damage to his or her person arising from use of the ELAFC and releases the ELAFC, together with its owners, employees, and agents from all claims or liabilities.

Participant certifies that he or she is in good health, and has no physical limitations which would prevent participation, is able to undertake and engage in the physical sports and activities in which he or she may participate, and assumes all responsibility to notify the ELAFC of any changes in their physical condition which would affect participation.

Participant gives permission to the center to use photographs, film footage, or tape recordings which may include participant's voice or image for the purposes of promotion or interpretation of the center's programs. In addition, I/We, hereby agree to abide by the ELAFC rules and acknowledge that, should I/We violate any, I/We will be subject to disciplinary action, including suspension and possible termination from the Facility.

The ELAFC is not responsible for damage to, loss, or theft of personal property on the center's premises. The participant agrees to pay for any damages to ELAFC property caused by careless use.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Signature: _____ Date: _____

Medical concerns: _____

Please see next page to fill out Medical information

**East Lyme All Star Sports Academy
Medical History & Authorizations**

Participant Name: _____

Address: _____

Parent(s) Name(s): _____

Address (if different from participant): _____

Date of Birth: _____ Gender _____

Family Physician _____ Phone _____

Please circle "Yes" or "No" and provide additional details where requested. Add extra sheets if needed.

YES NO 1. Has this participant ever had hospitalization, surgery, injury or serious medical illness?

YES NO 2. Is this participant under the care of a physician?

YES NO 3. Is this participant currently taking any medication?

YES NO 4. Has any physician ever recommended or do you feel that there should be any limits placed on participation in competitive sports?

YES NO 5. Does this participant have any known allergies to medication?

YES NO 6. Does this participant wear glasses or contact lenses?

YES NO 7. Does this participant wear contact lenses while swimming?

YES NO 8. Has this participant ever blacked out, lost consciousness, or complained of dizziness during practice or competition? (explain)

Emergency Medical Authorization

I hereby grant permission, for said participant to take part in the East Lyme All Star Sports Academy and in case of injury, to have an athletic trainer and/or medical doctor provide medical assistance and/or treatment.

Name: _____

Signature: _____ Date: _____

If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and or treatment by signing below.

Parent/Guardian Date

If said participant is covered by any insurance company, please complete the following:

Name of Carrier: _____ Policy Number: _____