## 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

Address:	Name:							
Work Phone (	Address:			Town & Zip:	_Town & Zip:			
Emergency Contact name	Home Phone ()				Cell Phone ()			
Class/ Session Date of Birth in Fall Participant Name Age Fee Membership Type Date  Membership Date  Member of ELAFC Yes No Membership Number:  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 participantion. 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 1/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 bay for any damages to ELAFC property caused by careless use.	Work Phone (	)			Please Circle best phone t	Please Circle best phone to reach you		
Class/   Session   Start/Join   Birth   Birth   In Fall   Participant Name   Age   Fee	Family Email:							
Member of ELAFC  Yes  No  Membership Number:  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.	Emergency Conta	act name			Phone	;		
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I HAVE READ AND UNDERSTAND THE ABOVE POLICY.	sponsibility to no Participant gives pant's voice or ir agree to abide by action, including The ELAFC is no	permission to the purmission to the purmission to the purming the ELAFC rule suspension and ot responsible for	of any change ne center to us poses of promes and acknow possible term or damage to,	tes in their place photograp notion or into wledge that, aination from loss, or theft	hysical condition which would affer hs, film footage, or tape recordings expretation of the center's programs should I /We violate any, I/We will have the Facility.	et participation. which may include . In addition, I/We be subject to disci	e partici- e, hereby plinary	
T								
Signature:Date: Medical concerns:	J				Date	):		

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

Partic	npani	l INa	name:					
Addre	ess:							
Paren	t(s) N	Van	ame(s):					
Addre	ess (i	f di	different from participant):					
Date	of Bi	rth:	th: Gender					
Famil	ly Ph	ysic	sicianPhone					
Please	e circ	le '	e "Yes" or "No" and provide additional details where requ	nested. Add extra sheets if needed.				
YES	NO	1.	1. Has this participant ever had hospitalization, surgery, in	njury or serious medical illness?				
YES	NO	2.	2. Is this participant under the care of a physician?					
YES	NO	3.	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.	5. Does this participant have any known allergies to medic	cation?				
YES	NO	6.	6. Does this participant wear glasses or contact lenses?					
YES	NO	7.	7. Does this participant wear contact lenses while swimmi	ing?				
YES	NO	8.	8. Has this participant ever blacked out, lost consciousnes ing practice or competition? (explain)	s, or complained of dizziness dur-				
and in treatn	n case	e of	Emergency Medical Authorization and participant to take part in the East of injury, to have an athletic trainer and/or medical doctor	Lyme All Star Sports Academy				
Signa	ture:			Date:				
-			nder 18 years of age, a parent/guardian must provide cons nd or treatment by signing below.	ent for you to be given medical				
Parent/Guardian			rdian	Date				
If said	d part	ticij	cipant is covered by any insurance company, please comp	lete the following:				
Name of Carrier:		arr	arrier: Policy Num	her:				