



Cape Coral Aquatics Mail-In Registration Form

5905 Tarpon Gardens Circle, Unit #202

Cape Coral, FL 33914

www.oceancityaquatics.com • oceancityaquatics@yahoo.com

239-541-8290



Payment must accompany registration form. Please make check payable to: Lori Ciminelli

Parent's Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Hm. Ph: _____ Cell: _____ Work: _____

	PARTICIPANT	DOB	LEVEL	DAYS	START DATE	TIME	Resident	FEE	Guest
1									
2									
3									
4									

Participation in Cape Coral 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 Cape Coral 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 Cape Coral 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 Cape Coral 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 Cape Coral Aquatics.



Signature of Parent: _____ Date: _____