



# Adult Swim Program

## OCEAN CITY AQUATICS MAIL-IN REGISTRATION FORM

WWW.OCEANCITYAQUATICS.COM • OCEANCITYAQUATICS@GMAIL.COM • 410-520-0098



Adult Swim program located at Kings Creek Country Club is open to all members of Kings Creek Country Club and Rehoboth Beach Country Club. This program will include a variety of work-outs for all swim levels. Developing and enhancing the mechanics of the four competitive strokes, while lap swimming. Participants (Ages: 18 & up) must be able to swim one length of the pool.

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Cell #: \_\_\_\_\_

### SWIMMER REGISTRATION: (Please mark age as of May 31 st.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male OR Female

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### PAYMENT INFORMATION:

DROP IN (per day):		# OF SWIMMERS		TOTAL
\$15.00	X		=	

KCCC MEMBER:		# OF SWIMMERS		TOTAL
\$275.00	X		=	

KCCC GUEST:		# OF SWIMMERS		TOTAL
\$325.00	X		=	

RBCC MEMBER:		# OF SWIMMERS		TOTAL
\$325.00	X		=	

☐ Charge to membership # \_\_\_\_\_

☐ Check - enclosed check # \_\_\_\_\_

**Participation in Ocean City Aquatics** or our Adult Swim Program is intended to promote healthy and safe swimming opportunities. 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 risk inherent with active participation in Ocean City Aquatics. Failure to follow safety instruction may lead to my suspension or cancellation of swim instruction. Discretion is left entirely to the Ocean City Aquatics staff to determine whether and when removal is appropriate. I give 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 risk. 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. This wavier applies to all current and future swim classes and/or lessons taught by Ocean City Aquatics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM WITH YOUR PAYMENT TO:

OCEAN CITY AQUATICS, 603 PENGUIN DRIVE, OCEAN CITY, MD. 21842