



Triangle Aquatic Center
 275 Convention Drive
 Cary, NC 27511
 919.459.4045
 www.triangleaquatics.org

Make-A-Splash Student Application



Participant's Last Name _____ First _____ Date of birth: ___/___/___ Sex: M F

Parent/Guardian's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Email (not shared) _____ Home Phone _____ Cell phone: _____

Emergency Contact _____ Relationship _____ Phone _____

Any special needs or considerations? _____ Ethnicity (opt)? Af-Am Asian Haw/Pac Hispanic Am.In/Ak Other

Proof of Eligibility: Make-A-Splash is a program offering swim lessons free of charge or half-off as a service to those who would otherwise not be able to attend. In order to qualify for this swim program, USA Swimming requires that applicants must be approved by the public school system to receive free/reduced-price lunches or meet those criteria. *A copy of the school's letter provided to families who qualify must be included with this application.*

Swimming Ability
 Please check all that apply.:
 new to the water can demonstrate kicking floats on back with support
 puts his/her face in the water can demonstrate arm motions can float on back *independently*
 can blow bubbles can demonstrate free/back with support

Desired Course (i.e. Youth 1)	Day(MW, TuTh, Sat)	Time	Session Dates

Participation in programming is granted on a first-come, first-serve basis. A waiting list will be created after programs are filled. Classes with registrations of 50% or less may be cancelled or combined with other classes. Calls will be made prior to the session start date if the class does not have 50% registration. You may be asked to choose another class time. No late registrations are accepted for learn-to-swim classes. Make-up classes occur only on account of inclement weather, facility closure, or instructor illness. If more than half of a class period is complete before pool closure occurs, the class will not be rescheduled.

WAIVER: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself and my child being able to participate in such events, I, for myself, child(ren), heirs, executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Triangle Aquatic Center and its officers, employees and volunteers from any and all suits, claims or liability, including negligence. I therefore agree to pay for all medical, hospitalization or any other expenses resulting from my or my child's participation. I hereby authorize Triangle Aquatic Center staff to act on my behalf in accordance with their best judgment in case of an emergency involving me or my child(ren), and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. PHOTO RELEASE: I authorize Triangle Aquatics to use my image taken in classes for publicity purposes.

Parent/Guardian's Signature

_____/_____/_____

Date