



Marlins Registration Form



Name: _____ DOB: _____ Age: _____

Address: _____

City/State/Zip _____

Day Phone: _____ Evening Phone: _____

Emergency Contact Person: _____ Phone: _____

Swimming Experience: _____

Any information you would like to share with the Instructor (IE: Fears, Concerns, Special Needs, Limitations, Restrictions or Disabilities): _____

Individual Participant Month(s) paid: _____

AMOUNT DUE \$ _____ Member \$80 ☐ Non-member \$95 ☐
(monthly - Tuesday/Thursday)

Method of Payment: ☐ check ☐ cash ☐ credit card ☐ bill account

I understand that McDowell Marlins Pre-Swim Team payments are to be paid in full prior to the start of each month, of which is **non-refundable**, if the participant is no-show, missed swim dates, and/or cancels without notice prior to the start of swim session. If paying by check a fee of \$35.00 will be charged for any payments canceled/processing returned. I acknowledge that payment and participation of the Marlins pre-team does not automatically result in joining a competition swim team and/or referral to the next level; however, it is designed to provide swimming experience, skills and develop technique for those that may join a competition team.

I affirm that my child's state of health permits him/her to participate in pre-team swimming and he/she agrees to abide by all the rules and policies, and use good judgment at all times while on facility property. It is my responsibility for my child(ren) to attend scheduled session dates, times and requirements set forth by pre-team swim instructors. I understand that McDowell Wellness Center cannot be held responsible for any exposure to Covid-19 virus or other illnesses and accept the risk when registering my child for pre-team.

I do hereby affirm that the above information is correct. Further, I understand that all activities, exercise and use of equipment and facilities at McDowell Wellness Center or its affiliations are undertaken at my sole risk, and McDowell Wellness Center shall not be liable for any claims, demands, of the center. I forever release, indemnify and hold harmless McDowell Wellness Center, Ephraim McDowell Regional Medical Center, and their agents and employees from any liability.

Parent/Guardian Sign: _____ Relationship: _____

Date: _____

Parents,

Please take a moment to read through the following. Please place a check to each statement signifying that you have read and understand each item; along with signing and dating at the bottom. Thank you for your time.

- ☐ MARLINS PRE-TEAM is set up so that each child has a positive safe swimming experience.
- ☐ Each child learns and develops at a different pace. It is expected that each swimmer is able to fully swim 25 yards or more independently in order to register for Marlins Pre-Team.
- ☐ Your Marlin may also need more experience to continue to develop swimming and safety skills.
- ☐ Each session is 45 mins; Tuesday and Thursday only @ 4:00-4:45pm
- ☐ The first couple of days can be hard if your child is nervous about expectations and/or there are separation anxiety issues for younger swimmers. We suggest that you step outside the pool area so that your child does not see you and the instructor will come get you if you are needed.
- ☐ If you leave the property while your child is participating with the pre-team, we ask that you keep your phone nearby in case of any emergency.
- ☐ Equipment to bring to each session: a towel, swim suit, goggles, and fins.
- ☐ The family changing room (located on the pool deck) can be used in the event that you have a child of the opposite sex who is over the age of 5 years, that is not allowed in the locker room.
- ☐ Be aware that if you miss a scheduled swim date we do not make those missed dates up and your payment is non-refundable. Please call the center (859-936-9355) if you have any questions.
- ☐ Your instructor will notify you of any changes to the swim schedule.
- ☐ All children under the age of 6 years MUST have an adult parent or guardian (over the age of 18 years) in the pool with them to swim before or after pre-team sessions, in the common area of the pool; at which time you should be a member or pay a day pass
Note: *Siblings under 18 years are not adult guardians.*

By signing below you acknowledge that you have read and understand these statements, rules, and policies; that you will abide by the facilities written and verbal communications.

Parent/Guardian Signature: _____ Date: _____