

TREFETHEN AQUATIC CENTER

Mills College

5000 MacArthur Blvd • Oakland, CA • 94613 • 510/430-2170

Water Safety Instructor Registration

PLEASE PRINT LEGIBLY

Date _____ E-mail _____

Student's Name _____ Age & Birth date _____

Parent/Guardian _____ Home Phone _____

Home Address _____ City/Zip _____

In Case of Emergency:

Notify _____ Relationship _____

Hospital _____ Medical Group _____ Dr. _____

Course Prerequisites:

- Minimum age of 16—Please bring proof of age
- Able to demonstrate swimming strokes and basic water skills
 - Front crawl, back crawl, breaststroke, butterfly, side stroke and elementary backstroke.

Course Fees: \$185—includes textbooks and Red Cross program fees

Make checks payable to: Mills College Aquatics

Water Safety Instructor Course—March 16-April 8, 2010

Tuesdays & Thursdays, Mar 16, 18, 23, 25, 30, Apr 1, 6 & 8—5-8pm
and Saturdays, Mar 20, 27, Apr 3—9 am-1pm

OFFICE USE ONLY: Paid \$ _____ Cash _____ Ck # _____ CCard _____ Initials _____

I am aware that this is a potentially dangerous activity and involves certain risks including but not limited to, risks from body contact, falls and collisions, carelessness, contact with equipment, weather problems, communicable diseases, heat exhaustion, sun exposure, drowning, ear infections, eye and skin irritations, risks from physical exhaustion, exposure to chemicals and other similar risks in a pool environment, stolen personal property, and physical confrontation with other participants and non-participants.

I understand these risks and on behalf of myself or my child or ward, I agree to indemnify and release Mills College, its officers, volunteers, agents, and employees and all sponsors from all liability, claims, damages, and actions, and related costs and expenses (including reasonable attorney's fees) that may arise out of participation by my child or ward in this activity.

As a parent/guardian or participant, I hereby consent to emergency treatment for my child or ward or myself as a result of an accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I grant permission to Mills College to use any photographs taken of myself or my child during this activity in promotion and/or advertisement of this program.

I have fully read this LIABILITY RELEASE, including the Participant Guidelines and Refund Policy on the reverse side of this form and understand their content. Furthermore, I have explained the significance of this release of liability and Participant Guidelines to my child or ward.

Signed _____ Date _____
Participant, if over age 18, or Parent/Guardian