

Make A Splash Student Application



| Participants Last Name: First Name: | | Date of Birth://_ | / Age: Sex: M F |
|---|--|--|---|
| Parent/Guardian's Last Name: | First Name: | | <u></u> |
| Address: | City: | State: | Zip: |
| Email (not shared): | | Phone Number: | |
| Emergency Contact: | Relationship: | Phone Number: | |
| this swim program, USA Swimming requ | rogram offering reduced swim lessons to those ires that applicants must be approved by the parties of the parti | public school system to received | d free or reduced-price lunches or |
| and/or my child. In consideration of my administrators, hereby voluntarily and k officers, employees and volunteers from other expenses resulting from my or my best judgment in case of an emergency arise there from. PHOTO RELEASE: I authorize Triangle Action | at my or my child's participation in recreational self and my child being able to participate in submovingly indemnify and hold harmless, defendancy and all suits, claims or liability, including child's participation. I herby authorize Triang involving me or my child, and agree to assume quatics to use my image taken in classes for pure | uch events, I, for myself, child(id, release, waive, and discharge negligence. I therefore will covoice Aquatic Center staff to act one full responsibility for all expenses | ren), heirs, executors and Triangle Aquatic Center and its er all medical, hospitalization or an my behalf in accordance with their ses, medical or otherwise, that may |
| Signature (Parent's signature if participa | nt is under 18 years old) | | Date |
| | | | |

Once approved you will receive an email from a TAC employee including a start date and total amount due for lessons, please make all payments at the Front Desk after receiving confirmation email