



CITY OF GOOSE CREEK RECREATION  
 519A North Goose Creek Blvd  
 GOOSE CREEK, SOUTH CAROLINA 29445  
 569-4242



**2020 Aqua-Play Registration Form**

Please return this form to Nicole Herrera at the Community Center

Aqua-play is a time designated in the pool with a certified lifeguard for adults and children with exceptional needs in a small group setting. Children and adults are invited to play and socialize in an informed and fun filled environment. A certified lifeguard will be in the pool with participants. Participants are encouraged to have fun while being safely monitored in the pool. With a small group setting, our exceptional participants will receive the personal attention that encourages confidence being in and around a pool. Our goal is to help children and adults build confidence in the water through positive reinforcement and promoting life-long health and fitness.

Please note that aqua-play is held two days a week (Mondays & Wednesdays) for two weeks.

PARTICIPANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF MEDICAL INS. CO: \_\_\_\_\_

DOES THE PARTICIPANT LIVE WITHIN THE CITY OF GOOSE CREEK BOUNDARIES? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT ARE THE SPECIAL NEEDS WE NEED TO BE AWARE OF? Please be as specific as possible.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAS THE PARTICIPANT RECEIVED SWIM LESSONS BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT IS THE PARTICIPANT'S PREVIOUS WATER EXPERIENCE? (CIRCLE ONE)  
 NONE                      BEGINNER                      EXPERIENCED/KNOWS HOW TO SWIM

Aqua-Play time that you are registering for: (circle one)      6:00-6:30 (Ages 8-15)                      6:45-7:15 (ages 16+)

**Please note that this is not a swim lesson.  
 This is a safe time for individuals with exceptional needs to play in the water with a certified lifeguard and develop water safety knowledge.**

**Waiver & Release of Liability:** In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC. Setoff debt collection act to collect any delinquent sums due through offset of the state income tax refund including all fees.

**For participants under the age of 18 at the time of registration:** This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the Releasees from any and all liabilities incident to the minor's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent of the law. I have read this release of liability and assumption of risk agreement and sign it freely and voluntarily.

**REFUND POLICY:** Refunds will be issued until the first day of the session. Requests for refunds must be made in writing on a Refund Request Form, available at the Community Center. Refunds will not be issued due to weather related cancellations. There are **NO REFUNDS ON THE NON-RESIDENT PORTION OF YOUR FEE, LATE FEES OR INSURANCE.** There is a **\$5.00 handling fee on all refunds.**

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
 (Parent/Guardian Signature if participant is under 18)

**FOR STAFF USE ONLY**

RESIDENCY VERIFIED? \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_ EXPERIENCE LEVEL: \_\_\_\_\_