



Registration Form

1) Participant Name: _____

1) Participant Age: ____ Birth Date: _____

2) Participant Name: _____

2) Participant Age: ____ Birth Date: _____

3) Participant Name: _____

3) Participant Age: ____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Select your 30 min time slot (PM):

- 5:30
- 6:00
- 6:30
- 7:00

Class Desired:

- Pumpkinseed (level 1)
- Perch (level 2)
- Trout (level 3)
- Pike (level 4)
- Muskie (level 5)

Enclosed: Check for the amount of \$ ____ (LSSU)

Amount Authorized \$ ____ Exp. Date ____/____/____

Security Code: _____

Card Number: _____

Name on Card (Print): _____

Signature: _____

Course descriptions:

Pumpkinseeds: This is a course designed for children who have never been in the pool before. They will work on floating, kicking, entering and exiting the pool, lifejackets, pool safety and getting their heads wet. A fun atmosphere designed to have the children get comfortable with the water but also understand the dangers of it. Previously known as level 1.

Perch: Building on the previous skills, this course is for children who are comfortable in the water enough to try and learn skills so they can swim on their own. Introductions to arm movements, proper kicks, under water retrieval and self-supported swimming. Previously known as level 2.

Trout: This course introduces the front crawl and elementary back stroke. Building on the previous skills challenging the students to progress in their skills. With engaging games the students will look forward to each class. Like the previous lessons the instructor will continue to teach safety and rules regarding the pool. Previously known as level 3.

Pike: The course objective is to gain confidence and development in strokes previously learned. Increased endurance with front crawl and back stroke. Will also learn breaststroke, elementary back stroke and the basics of wall turns.

Muskie: Will work on coordination and development of key strokes. Butterfly will be introduced, as well as greater distances being achieved on their key strokes. After completing this course your child will be at an intro to competitive swimming level.

Office Use:

Date: ____/____/____ Total Paid: \$ _____

Receipt # (Attach Receipt): _____

Payment Type: Cash Credit Check #: _____

Aquatics Use:

Time Slot: _____ Level: _____



Registration Form

The Seamore's Swim Academy curriculum is designed to be fun and challenging for all ages! With lesson plans specifically designed for entry level swimming skills. After your child goes through our program they will be comfortable with the basics of swimming strokes, treading water, diving, and water safety.

Fall 2017 Swim Lesson Schedule and Fees

Session 1: Monday and Wednesday
September 11 – October 16
5:00pm-7:00pm
Cost: \$160

Multiple Child Discount: \$140 per participant

Current Faculty/Staff/Student Discount: \$120

Session 2: Monday and Wednesday
October 30 – December 6
5:00pm-7:00pm
Cost: \$160

Multiple Child Discount: \$140 per participant

Current Faculty/Staff/Student Discount: \$120

*No sessions on October 9 or November 20-24.

Please bring completed registration forms to the Norris Guest information Desk. Payment must be made at time of registration. Session and time slots fill on a first come basis.

Questions? Contact aquatics@lssu.edu or 906-635-2602 or visit lssu.edu/university-recreation.



Lake Superior State University Waiver of Liability and Release

I have been informed and fully realize there are dangers and risks to which I may be exposed to while participating in this Lake Superior State University - University Recreation activity. I, *the undersigned*, hereby acknowledge that certain **risks of injuries** are inherent to participation in any sport and/or recreational activities including all activities held by Lake Superior State University - University Recreation. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both. I understand the Lake Superior State University does not require me to participate in this activity, but I want to do so, despite the possible risks and this release.

I understand that certain rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I understand that certain activities require a minimum **level of fitness and health** (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. I hereby warrant being physically fit to participate and understand that the **CHOICE** to participate brings with it the **assumption of those risks** and results that are part of these activities.

I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Lake Superior State University, its Board of Trustees, employees and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connections with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Lake Superior State University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this release does not apply to instances of intentional misconduct by a University employee or agent.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Lake Superior State University, its Board of Trustees, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Lake Superior State University, including, but not limited to, owners or contractors providing accommodations or other services.

Participant Behavior Agreement

Seamore's Swim Academy reserves the right to terminate the stay of any student when it is deemed to be the best interest of either the student or the program as determined by the University and its staff. The University and program staff expressly reserves the exclusive right to establish and determine the standards of conduct, behavior and performance of the participants engaging in the program and to require compliance with such standards as a condition of participation in the program. Students who do not follow these rules, or engage in dangerous or inappropriate behavior, will be expelled from the program at their own cost. Examples of inappropriate behavior includes but is not limited to, such things as causing disruptions in class, the use of profane language, and the repeated violation of minor rules. This is not a complete list. Your signature indicates that you understand and accept them as a part of your participation in Lake Superior State University Seamore's Swim Academy



Treatment Authorization

In the case of illness and/or injury, permission is granted for medical treatment to be rendered to my child. I understand that I will be notified in case of serious illness and/or injury. All medical bills incurred by the participant will be the responsibility of the parent or guardian. Your signature indicates that your child is medically fit to participate in Seamore's Swim Academy.

These releases are effective for me, my personal representative, assigns, and heirs.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release

Participant's Name (Printed)

Participant's Signature

Date

Participants under the age of 18 must have a waiver signed by a parent or legal guardian.

Parent/Legal Guardian's Name (Printed)

Parent/Legal Guardian's Signature

Date

Participant Information (Please print legibly)

Name: _____

Birthdate: _____

Medical conditions:

Medications:

Allergies:

Emergency Contact Information:

Name: _____

Phone Number: _____

Relation: _____