



LUCKY DUCK SWIM SCHOOL

2421 W. MARINE AVE., GARDENA, CA 90249 310-323-3383

EMERGENCY/ INFORMATION SHEET

BABY AND ME

Students Last Name	First Name	Birth Date	Age
1.)			
2.)			
ALL CHILDREN ARE REQUIRED TO WEAR A CLOTH SWIM DIAPER			

PLEASE EXPLAIN ANY SPECIAL HEALTH CONSIDERATIONS _____

STUDENTS ADDRESS: _____

NAME OF PARENT/GUARDIAN: _____

HOME NUMBER: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT (FULL NAME & NUMBER): _____

I hereby release and hold harmless Lucky Duck Swim School, the coaches and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that myself and/or child participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my/child participation in the activities. I certify that my/child is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/child's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I agree to assume all liability for myself and/or children without regard to fault while attending Lucky Duck Swim School. I have read the forgoing and understand its content.

Print Name: _____ Signature: _____

Date: _____

<p><i>OFFICE USE ONLY</i> _____ \$15 Each ½ hr. class</p> <p>Check # _____ Cash _____ Credit/Debit _____</p> <p>Amount \$ _____</p> <p>NOTES:</p>



UNITED STATES SWIM SCHOOL
ASSOCIATION
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