



LUCKY DUCK SWIM SCHOOL

2421 West Marine Avenue, Gardena, CA 90249 (310)323-3383
www.luckyduckswimschool.com

Lap Swim Registration Form

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip Code _____

Number _____ e-mail _____

Please check all those that relate to you.

- HYPERTENTION (HIGH BLOOD PRESSURE)
- HIGH BLOOD LIPIDS AND CHOLESTEROL LEVELS
- DIABETES
- FAMILY HISTORY OF HEART DISEASE
- PREVIOUS DIFFICULTY WITH EXERCISE
- ARTHRITIS OR JOINT PROBLEMS

- PREGNANCY
- ANXIETY
- CIGARETTE SMOKING
- STRESS
- ASTHMA

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 X _____ **Date:** _____

Signature X _____