

# 2018 El Modena Summer Swim Registration

July 23 - August 16, Monday - Thursday @ Villa Park High School

8 am - 10 am

## PLEASE PRINT NEATLY:

PARTICIPANT'S NAME(first/last): \_\_\_\_\_

GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

STUDENT email: \_\_\_\_\_

MOTHER (first/last) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER (first/last) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER EMAIL: \_\_\_\_\_ MOTHER EMAIL: \_\_\_\_\_

**\*\* PROGRAM CONTRIBUTION *NEEDED* TO COVER COSTS \*\*..... \$150.00**

**This program is run solely on donations. Your generous donation covers maintenance, replacement of equipment, Thursday Snack, T-Shirt, and much more! If donations received don't meet the financial need, the program may be modified or cancelled at anytime!**

**Please make checks payable to “El Modena Aquatics” or Pay by Credit Card (on first day of program )**

**Please email Aquatics Board President, Monica Koeppen to arrange a payment plan ([mak7171@sbcglobal.net](mailto:mak7171@sbcglobal.net))**

## ***2018 Summer Swim Registration Liability Waiver***

### WAIVER FOR PARTICIPATION

Release of Liability for Participation and Medical Permission with Respect to Activities Associated with the  
El Modena Aquatic Booster Club (EMABC)

I, the undersigned (parent/guardian/legal custodian) of \_\_\_\_\_, a participant in recreational activities and programs supported by the El Modena Aquatic Booster Club agree that in consideration of the EMABC allowing the participant to participate in its activities, the undersigned releases and discharges EMABC, and any other persons, including, but not limited to, providers of private and public transportation of children, including persons using their own vehicles, and their heirs, administrators, executors, successors and assigns from, and holds them harmless against, all claims, actions, causes of action, suits, damages, and liability of any nature whatsoever, arising out of the participant's participation in EMABC activities and programs, including but not limited to, the transportation of the participant to and from other facilities by persons using their own vehicles, or hired or public transportation facilities. If an emergency requiring medical attention occurs, I grant permission to a Physician or other hospital or emergency personnel designated in the judgment of the EMABC coaches or representatives to attend the participant. In the event of an injury to the participant, I expect that every effort will be made to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

SIGNED ☒ \_\_\_\_\_ DATE \_\_\_\_\_  
(parent/guardian/legal custodian)

Received by \_\_\_\_\_ Date \_\_\_\_\_  
Check \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Online \_\_\_\_\_