



Complete form and send, with check for class, to:
Gwinnett Aquatics
4691 Bryson Cove
Lilburn GA 30047

Lifeguarding/Red Cross Instruction Registration Form

_____ Today's Date

Session Dates _____

Student's name _____

Age _____ Birthdate _____ Gender M F

Swim Experience _____

Any health conditions? _____

Parent Name (*if under 18*) _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Email _____

Release and Indemnification

I hereby give my consent for my child to participate in all the activities of Gwinnett Aquatics. I understand that some activities of Gwinnett Aquatics may be the subject of liability insurance protection but that some may not be protected by liability insurance.

Therefore, in consideration of the benefits to my children and I hereby release Gwinnett Aquatics, Inc, its directors, officers and staff from any and all claims whatsoever made by any person or entity against Gwinnett Aquatics arising out of the participation by my children in functions of Gwinnett Aquatics including, but not limited to travel to and from Gwinnett Aquatics functions. I further agree to indemnify defend and forever hold Gwinnett Aquatics harmless from any and all claims whatsoever made by any person or entity arising form the participation of my child in functions of Gwinnett Aquatics.

Signed _____ Date _____