UNIVERSITY OF OREGON

University of Oregon Student Rec Center

Starfish Swimming®

Spring 2019, Session 1 Registration Form

Saturday Mornings, April 6 – April 27, 2019

Please fill out one form per child.

Child's Name _____ Age____ Birth Date _____ Gender _____

Parent/Guardian Name _____ Phone_____

Primary E-mail _____

Emergency Contact Name _____ Phone _____

Does your child require any special needs? _____

Affiliation: Select proper affiliation below. You must provide proof of affiliation when you register.

Community _____	UO Alumni _____	UO Student _____	UO Faculty/Staff _____	Rec Member _____
Community $32	UO Alumni $28	UO Student $24	UO Faculty/Staff $24	Rec Member $24

Please indicate the lesson and time in which you would like to register.

Stage	Level	Times				
StarTots™	*18 mos-3 years*	10:15am	10:50am	11:25am	12:00pm	12:45pm
ages 18 months – 3 years	All Levels	■		■	■	■
Starfish Swim School®	*3-5 years*	10:15am	10:50am	11:25am	12:00pm	12:45pm
for Pre-school	White		■		■	■
ages 4-5 years	Red					
independent 3 year olds	Yellow		■	■	■	■
	Blue	■		■	■	■
	Green	■	■		■	■
Starfish Swim School®	*6-12 years*	10:15am	10:50am	11:25am	12:00pm	12:45pm
for Youth	White	■	■	■	■	■
ages 6-12 years	Red	■	■	■		■
	Yellow	■	■		■	■
	Blue		■			■
	Green	■		■		■
Starfish Stroke School®	*6-14 years*	10:15am	10:50am	11:25am	12:00pm	12:45pm
for Youth	WHITE	■			■	
ages 6-14 years	RED		■	■		■
	YELLOW			■		■
	BLUE	■	■	■	■	■

Wait List

Requested class _____ Requested times _____

*Total (for office use only): $*_____

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Stages

White	If the student	Is afraid of water Can't swim at all	Will not get face wet	Enroll in WHITE
Red	If the student	Can't swim without support, but loves the water	Will get face and head wet Will jump in	Enroll in RED
Yellow	If the student	Is not afraid Can float on front and back	Can jump in, return to surface and roll to back	Enroll in YELLOW
Blue	If the student	Can swim underwater or on the surface for 10 feet and can get an occasional breath		Enroll in BLUE
Green	If the student	Can tread water for at least 15 seconds	Can jump in and swim freestyle	Enroll in GREEN
Stroke School	If the student	Has achieved a Green Starfish Swim School Award	Needs to learn or refine freestyle, backstroke, breaststroke or butterfly	Enroll in STROKE SCHOOL

Swim Lesson Policies

- I understand that the UO Student Recreation Center (SRC) requires all parents/caregivers to remain at the pool during a child's swim lessons.
- I understand that registering reserves a spot in the swim lesson program. Because space is limited and instructors are scheduled, last minute cancellations cannot be fully refunded.
- ***Refund Policy: Refunds requested 2 - 7 days before the first lesson will be subject to a non-refundable fee of $5. Refunds requested 0-1 day before the first lesson cannot be refunded.***
- I understand that missed lessons cannot be made up, and refunds are not issued.
- I agree to assume all liability for my child/children while attending any program managed by UO SRC. I further agree to hold harmless The University of Oregon or any of its officers, agents, employees or assigns for any complications or injury that may result to my child/children or to me while at the UO SRC.
- I understand that the UO SRC reserves the right to cancel any program and to change fees where applicable.
- I agree to adhere to UO SRC pool rules, policies and procedures.

Print Name _____

Signature _____ Date _____

UNIVERSITY OF OREGON

Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

PLEASE PRINT

Activity Information	
Group: PE & Rec Youth & Family Programs	Date(s): April 1 - June 23, 2019
Activity: Youth Swim Lessons	
Activity Description: Instructor-led youth swim lessons in the Student Rec Center Pool.	
Activity Leader (name, title and phone number): Jackie James, A.D for Aquatics, 541-346-4112	
Department: Physical Education & Recreation	

Participant Information	
Name:	Date:
Email address:	Phone number:
Emergency Contact (name and phone number):	

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, and damages arising from, but not limited to, participation in the Activity.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.

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Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Media: I hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Activity and my and my child's participation in the Activity and to use my or my child's image, voice and /or likeness for promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

***** IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND INITIAL THE ABOVE CLAUSES AND SIGN BELOW. *****

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly):_____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____