



**Poway Unified School District
Aquatic Program Registration Form
Summer 2020**

Participant's Name _____ Birth Date _____ Age _____
 Parent/Guardian _____
 Address _____ City _____ Zip _____
 Phone _____ Email _____

Emergency Contact/Release

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Medical Information

In the event of a medical emergency, I hereby give my permission to the physician selected by the Poway Unified School District staff to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child (if participant is under 18 years of age) as named above. I agree to assume full responsibility for the costs of any treatment provided.

Health Insurance Company _____ Policy#/Medical ID # _____
 Special Medical Concerns/Physical Limitations _____
 Parent/Guardian Signature _____ Date _____

Waiver and Release of All Liabilities

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in the aquatics program offered by Poway Unified School District. I am aware that attending or participating in these activities involves risk of injury to person and property, which could include drowning or death. I voluntarily accept and assume all risk from attending or participating in these activities.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives, and assignees, not to make any claim against or sue Poway Unified School District, their employees, officers, directors, agents, members or board members (collectively referred as the "Released Party"), for any personal injuries to my child or myself, which could include drowning or death, arising from negligence, active or passive, or other acts, however caused, by the Released Party.

In addition, I release and discharge the Released Party for all actions, claims, or demands that I or my child, our heirs, personal representatives, and assignees have or may hereafter have for personal injuries to my child or myself, which could include drowning or death, or property damage resulting because of the activities described above. This release includes injury, which could include drowning or death, or damage caused by negligence, active or passive, or other acts, however caused, by the Released Party.

Parent/Guardian Signature _____ Date _____

Personal Check, Money Order, Cashier Check NO CASH ACCEPTED NO Make-ups, No Refunds
Make check payable to PUSD (Poway Unified School District) Note student and site in Memo section of the check

COMPLETED BY PUSD STAFF

Location (circle one)		Rancho Bernardo HS		Del Norte HS		
Session	Level	Date	Time	Check#	Amount	Initials
_____	_____	_____ to _____	_____ to _____	_____	_____	_____
_____	_____	_____ to _____	_____ to _____	_____	_____	_____
_____	_____	_____ to _____	_____ to _____	_____	_____	_____
_____	_____	_____ to _____	_____ to _____	_____	_____	_____
				Total	_____	_____

Received by Print _____ Signature _____

Parent/Guardian Print _____ Date _____

Parent/Guardian Signature _____ Date _____

