

# FRIDAY ELEMENTARY AFTER SCHOOL OPEN SWIMS AT THE HOWELL AREA AQUATIC & FITNESS CENTER!

(517) 579-2871

3:45PM-5:00PM

\$3 PER SWIMMER (CASH, CHECKS, OR MONEY ORDER - PAYABLE TO HAPRA)

Your child may be delayed getting into the pool if this paperwork isn't filled out in its entirety.

Name(s):	. 1.1 %46. 0.1 10 + 22 +			
Has my permission to att	tend the "After School Swim" at	the Howell Area Aqua	tic & Fitness Center.	
Date:	School:	School:		
*Children under 48" or	needing a lifejacket MUST ha	ve a parent in the wate	er with them.	
Parent Name:		Contact Number:		
Child's Name:		Birthday:		
Child's Name:		Birthday:		
Child's Name:		Birthday:		
Address:		City:	Zip:	
	Howell Howell Townshi Township Other:			
Email Address:				
I have read and unde	erstand the rules, waivers,	and policies on the	e back of this form.	
Parent Signature:		Date:		



## **Refund & Cancellation Policy**

I understand and agree to the following cancellation and refund policy. Furthermore, I acknowledge that my understanding of this policy will be kept on file for a total of 365 days, at the end of which I will have to agree to this policy again. Full refunds will be given to participants who have registered for a program that has been cancelled by the Howell Area Parks & Recreation Authority. Refunds will be issued based on your original method of payment (cash and check will be issued check refunds, credit card payments will be credited back to the original card) and may take up to three weeks to process. One day special events, preschool tuition, drop-in programs, membership fees and punch cards (Aquatic Center, Senior Center, etc.), races, daily and seasonal park passes, pavilion rentals, all travel, safety classes, adult team sports, and one and two day classes are not eligible for refunds or vouchers. Vouchers for all other activities will be given to participants who choose to be removed from a program prior to the second date the program meets. After the program has met for the second time, no vouchers will be granted. There will be a \$10 administrative fee withheld for all vouchers. Vouchers can only be used by immediate family members.

# **Liability Waiver**

I, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, manager, or any other appointed supervisor from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Howell Area Parks & Recreation Authority's equipment or facilities, including such claims which allege negligent acts or omissions of the Howell Area Parks & Recreation Authority, its directors, organizers, coaches, sponsors, managers, or any other appointed supervisor. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. Furthermore, I understand that this waiver will be held on file for a total of 365 days, at the end of which I will have to agree to another liability waiver.

# **Michigan Sports Concussion Law**

A concussion is a brain injury, caused by a blow, bump, or jolt to the head that can have serious consequences. It can occur in any sport or recreational activity. Michigan was the 39th US state to enact a law that regulates sports concussions and return to athletic activity. The law went into full effect on June 30, 2013. The sports concussion legislation requires all coaches, employees, volunteers, and other adults involved with a youth athletic activity to complete a concussion awareness online training program. The organizing entity must provide educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a statement acknowledging receipt of the information for the organizing entity to keep on record. The law also requires immediate removal of an athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The student athlete must then receive written clearance from an appropriate health professional before he or she can return to physical activity. I acknowledge that my agreement to this policy will be kept on file with the Howell Area Parks & Recreation Authority for a total of 365 days, at the end of which I will have to agree to this policy again.

### **Photography Waiver**

I authorize the Howell Area Parks & Recreation Authority to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my/child's participation for any and all purposes. Furthermore, I understand that this waiver will be held on file for a total of 365 days, at the end of which I will have to agree to another liability waiver.

[Note: The Howell Area Parks & Recreation Authority is unable to police photography at all events and we require your assistance. Furthermore, note that at festivals and events consisting of large numbers of participants, it may be impossible to ensure your photograph is not taken and used in marketing publications]