American Red Cross

Fort Sill MWR Aquatics
American Red Cross
Learn-to-Swim Courses

Sponsors Information:

Parent Name:_____ SS# (last 4): _____
First Last

Spouse Name:_____ SS# (last 4): _____
First Last

Unit/Dept:_____ Rank/Grade: _____

Street Address: _____

City:_____ State: _____ ZIP Code: _____

Phone:_____ Mobile: _____

E-mail Address: _____

Best contact method: (please circle) Phone E-mail

Emergency Information:

Parent/Guardian Name: _____

Phone:_____ Mobile: _____ Relationship: _____

Medical Information:

Does the participant(s) have any medical condition of which the instructor should be aware? (For example, diabetes or suffers from seizures.) Circle one: Yes No

If yes, please explain:

_____

_____

_____

Liability Release

I agree to release, indemnify, and hold Fort Sill Sports Branch, its agents, officers, and employees harmless from any and all liability claims, actions, judgments, damages, or injuries of every kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering.

Student (if over age of 18): _____Date:_____

Parent/Guardian Signature: _____Date:_____

Parent's signature required for all participants less than 18 years of age.

Keeping the Promise

Fridays will be used as a "make-up day" in the event that classes are cancelled due to inclement weather, pool chemicals not balanced, or any other unforeseen circumstance.