

Conroe Independent School District

CISD Natatorium

Membership / Patron Registration Form

Program:

Wellness Swimming

Mon.-Fri. _____ 9:00 A.M.-1:00 P.M.
Saturday _____ 11:00 A.M.-1:00 P.M.

Participant Name: _____

Address: _____

Daytime Phone: _____ Evening phone: _____

Employer: _____

Nearest Relative: _____ Relationship: _____ Ph: _____

Please note any physical/medical issues or allergies: _____

Special Participant Note: *This application entitles the participant to membership and limited access to the Conroe Independent School District's Natatorium for the Community Program in which the applicant is a participant. The access is limited to only the designated times for the Community program in which the applicant has requested membership. All membership fees must be paid by the due date. For the safety and well being of all patrons all changes to this application must be done so within 24 hours. This privilege is pursuant to Conroe Independent School District Board Policy. I also affirm that by paying all fees related to any Aquatic Center Program: Recreational, Competitive or Educational the member will not be entitled to any make-ups or refunds after the program is scheduled to begin.*

For Office Use only

Receipt # _____ Amount Paid: \$ _____ Due Date: _____ Form of Pmt.: _____ Date Pd.: _____

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Conroe Independent School District

CISD Natatorium

Special Notice to Patrons of Indoor Aquatic Venues

I understand that as a participant user of the CISD Natatorium that the Conroe Independent School District, in order to provide a *safe, least restrictive and sanitary* environment is committed by Local, State, and Federal regulations to operate, and maintain a standard of pool operation as required by the Texas Department of Health (*TDH*) under the **Title 25, Part 1, Chapter 265, Subchapter L** of the Texas Administrative Code (*TAC*) for the *Operation of Public Pools and Spas*.

I understand that in order to provide this *safe, least restrictive and sanitary* environment for all our patrons that the State of Texas requires all operational personnel be certified by an organization recognized by the Texas Department of Health according to **Chapter 265.203** *Operation and Management* of the (*TAC*).

I understand that the operational aquatic staff of the CISD Natatorium has attained and maintained the training necessary to properly operate and maintain aquatic venues in a manner needed to meet or exceed the requirement established by the (*TDH*) under the (*TAC*).

I understand and appreciate that my participation in an indoor chlorinated aquatic venue will require that as a participant, using materials that are not properly treated for chlorine resistance will fade with exposure to *Sodium Hypochlorite* or *chlorine bleach* (*its common name*), the main sanitizer for the CISD Natatorium.

I understand and appreciate that I will follow the rules and regulations adopted by the Conroe Independent School District's Natatorium as outlined by the Texas Department of Health, the National Center for Disease Control (*CDC*) under its "*Swimming Healthy Program*" and the Department of Justice's Americans with Disabilities Act (*ADA*) to insure a *safe, least restrictive and sanitary* environment for all patrons.

I understand and appreciate that my participation in any aquatic venue open to the "*general public*" carries an amount of risk including serious injury, permanent paralysis, death, and or damage and loss of personal property.

I voluntarily and knowingly recognize, accept and assume this risk.

I the undersigned, _____ am acting in such capacity and agree to save and hold harmless Conroe Independent School District, CISD Natatorium or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by me in connection with, or arising out of my participation in any CISD Natatorium program. I also agree to indemnify and hold harmless the Conroe Independent School District, CISD Natatorium and all related entities for any damages incurred arising from any claims, demand, action or clause of action by participant.

Signature

Date

NOTE: If participant is under age, the PARENT or GUARDIAN must sign the following waiver:

This is to certify that I as parent/guardian of _____, participating in CISD Natatorium aquatic programs I give my consent for son / daughter to participate in programs held at the CISD Natatorium and agree to the aforementioned statements.

Signature

Date

Conroe Independent School District
CISD Natatorium

Emergency Card

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____ Sex: _____

Daytime Phone: _____ Evening phone: _____

Nearest Relative: _____

Relationship: _____ Ph: _____

Physician Name: _____ Number: _____

Please note any physical/medical issues or allergies: _____

Conroe Independent School District

CISD Natatorium

Medical Release Form

I hereby authorize Conroe Independent School District Natatorium (CISD Natatorium) to provide me with medical care and treatment and emergency medical services associated with participation in this program. In addition, I agree to pay all costs associated with my medical treatment or transportation. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while participating as a member of the Conroe Independent School District Natatorium Program.

I understand and appreciate that my participation in aquatics carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

The undersigned, as a participant, parent or legal guardian of _____ represents he/she is in fact acting in such capacity and agrees to save and hold harmless Conroe Independent School District, CISD Natatorium or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by me in connection with, or arising out of my traveling to , participating in, and returning for any Conroe Independent School District Natatorium program. I also agree to indemnify and hold harmless the Conroe Independent School District, CISD Natatorium and all related entities for any damages incurred arising from any claims, demand, action or clause of action by participant.

In the event I am injured or should require medical attention, I hereby authorize CISD Natatorium to contact the physician listed on registration form. In the event the doctor cannot be reached, I hereby authorize the coach or a CISD Natatorium representative to secure necessary medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment, by calling me at the number listed on the registration form. In case I cannot be reached, or in case of emergency, medical treatment as described may proceed without authorization.

Signature

Date

NOTE: If participant is under age, the PARENT or GUARDIAN must sign the following waiver:

This is to certify that I as parent/guardian of _____, participating in CISD Natatorium aquatic programs, give my consent to CISD Natatorium and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above mentioned, for injury that could arise from participation in these programs.

Signature

Date

Conroe Independent School District
CISD Natatorium

**“Healthy Swimming Policy”
Acknowledgement Form**

Receipt Form

Membership / Patron: _____

By my signature below I agree that:

- I have received a copy of both the “Healthy Swimming Policy”. I understand the responsibility for ensuring compliance with these rules. I understand that additional copies are available in the office of The Natatorium Coordinator, or at the front desk of the CISD Natatorium office.
- I understand that the District may from time to time modify its policies and I agree to abide by those changes.

Membership / Patron Signature

Date