
Signature of Parent or Guardian
Date _____
Signature of Participant
Date _____

Please note: We strongly recommend that each participant have some type of accident medical insurance for his/her own protection.

I, the undersigned, agree and acknowledge that I may be photographed while participating in the referenced activity, and that my likeness may be reproduced in a Club event sponsored publication.

I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and understand this I state that to the best of my knowledge, I have no medical, physical, mental or emotional health conditions which would hinder or prevent my active participation in the referenced activity.

I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardian, in consideration of the request and permission to participate in the referenced act assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO HOLD HARMLESS AND FOREVER DISCHARGE the LA Tri Club, their respective officers, agents and employees from any and all acts of negligence and all claims and demands whatsoever which the undersigned, any third person, or any persons acting on their behalf, have or may have against the LA Tri Club or Coast 2 Coast Swim, or their respective officers, agents and employees, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members.

I, the undersigned, recognize that participation in the referenced activity is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of official LA Tri Club, Inc. business, nor does it in any manner establish or imply an employer-employee or an agency relationship with the LA Tri Club, Inc. or Coast 2 Coast Swim.

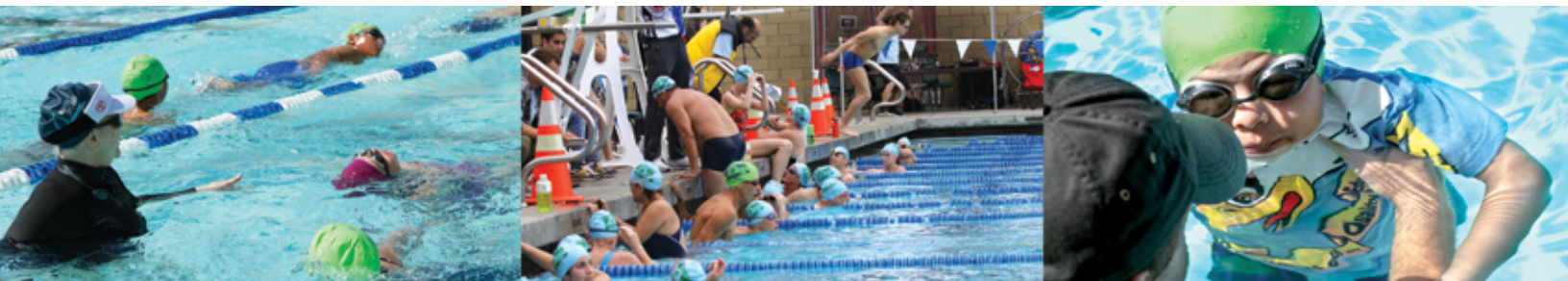
LA TRI CLUB, INC., COAST 2 COAST SWIM - INFORMED CONSENT AND RELEASE

REQUIRED PRIOR TO APPLICATION PROCESSING



LA Tri Club Coast to Coast Swim APPLICATION FOR

FREE Swim Lessons SUMMER 2017 (LIMITED NUMBER OF FREE LESSONS AVAILABLE)



TO APPLY FOR A SWIM LESSON SCHOLARSHIP FOR UP TO A \$60 GRANT FOR FREE SWIM LESSONS

(which will cover up to two weeks of group swim lessons at a city or county park pool facility)

Please fill in the information below with your personal information on the inside before mailing it to Coast2Coast Swim.

Fill in completely:

Pool and or Park name _____

Contact name at pool _____

Address _____ City _____ State _____ Zip _____

Phone number of pool _____ Date lessons start _____

FREE SWIM APPLICATION — Please Print Clearly & Fill Out Completely

QUALIFICATION FOR SWIM LESSONS PROGRAM – Application must be postmarked 14 days prior to session starting.

Please mail along with application one of the following (1) copy of your most recent pay stub (2) copy of your 2016 tax return (3) copy of Federal lunch program card (4) or federal government Food assistance Voucher. (if you do not want to mail please understand that if accepted into program you will need to show one of the above prior to the award being confirmed)

Please note the financial assistance is offered to individual(s) of families that show based on income that they are considered under served (Family incomes under \$20,000-\$24,000 per year)

The Scholarship is good for the Summer of 2017 (June 15 - August 31) in the amount of \$60.00.

Once your application is reviewed you will be contacted and advised to go to the Pool and sign your child up for swim lessons. You will be contacted with 7 days of receipt of you application. The swim fee will be paid directly to the pool you select.

I understand that if awarded this assistance that my child will be responsible to attend each lesson at the designated time. If they miss two lessons or are disruptive in any way according to the instructor they will be dismissed from the program at the instructors discretion.

Signature of Parent or Guardian

Date

ADULT/GUARDIAN

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____ APT #: _____

CITY: _____ ZIP CODE: _____ E-MAIL: _____

DAY PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: _____

PARTICIPANT: AGES 5 TO 14 ONLY

LAST NAME: _____ FIRST NAME: _____ MI: _____

BIRTHDATE: (MM/DD/YY) _____ SEX: M / F

Mail your completed application to:

LA Tri Club/LITCO
Free Swim Program
1659 11th Street, Suite 201
Santa Monica, CA 90404
or Fax to 310.399.8043

LATriClub.com

