

AQUATICS ACTIVITY REGISTRATION FORM



FORT RUCKER FAMILY & MORALE, WELFARE & RECREATION
COMMUNITY RECREATION DIVISION | SPORTS, FITNESS & AQUATICS
BLDG. 4605 ANDREWS AVENUE | FORT RUCKER, ALABAMA 36362
RUCKER PFC FRONT DESK: 334-255-2296



DFMWR Aquatics Director | Phone: 334-255-9162

PLEASE WRITE LEGIBLY & COMPLETE ALL REQUESTED INFORMATION!
CANCELLATION POLICY IS AVAILABLE AT THE PFC FRONT DESK!

PARTICIPANT INFORMATION

Participants Name: _____

Participant's Age: _____ Participants Date of Birth: _____

Primary Contact Number: _____ Type: Home Cell Work

Alternate Contact Number: _____ Type: Home Cell Work

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Relation: _____

Emergency Contact Number: _____ Type: Home Cell Work

Please list any known medical conditions and medications that program staff need to be aware of (i.e. Asthma/Inhalers, Diabetes/Glucose Tabs, etc.) in order to provide appropriate care in the event an emergency does occur while participating in a Sports, Fitness & Aquatics Program. All medical information received on this form will be treated as **CONFIDENTIAL** information only to be used by SFA Staff in the event of an emergency:

PROGRAMMING REGISTRATION

PLEASE CHECK THE APPROPRIATE ACTIVITY THE PARTICIPANT WISHES TO REGISTER FOR.
IF YOU DO NOT SEE THE ACTIVITY LISTED, PLEASE USE THE "ADDITIONAL PROGRAMMING" SECTION!

Aquatics Programming		Health & Safety Programming	
<input type="checkbox"/>	American Red Cross Lifeguard Training (15+)	<input type="checkbox"/>	Adult/Pediatric CPR/AED/First Aid Training
<input type="checkbox"/>	American Red Cross Lifeguard REVIEW (currently certified)	<input type="checkbox"/>	ADULT CPR/AED/First Aid Training
<input type="checkbox"/>	American Red Cross Lifeguard Instructor Course	<input type="checkbox"/>	PEDIATRIC CPR/AED/First Aid Training
<input type="checkbox"/>	American Red Cross Water Safety Instructor Course	<input type="checkbox"/>	ADULT CPR/AED Training
<input type="checkbox"/>	SCUBA Course	<input type="checkbox"/>	PEDIATRIC CPR/AED Training
<input type="checkbox"/>	Adult Swimming Lessons	<input type="checkbox"/>	First Aid Training
<input type="checkbox"/>	Home Swimming Pool Safety	<input type="checkbox"/>	CPR/AED for Professional Rescuers Training
<input type="checkbox"/>	Additional Programming:		

(OVER →)

RELEASE & HOLD HARMLESS AGREEMENT

By signing and dating below, I understand that swimming, aquatics, sports, and fitness related activities are inherently dangerous. For authorization to utilize the facilities at the Fort Rucker Physical Fitness Center, Bldg. 4605 Andrews Avenue; Fort Rucker SPLASH! Pool and Spray Park, 140 Novosel Street; Lake Tholocco West Beach, 24207 Johnson Road; Flynn Outdoor Swimming Pool, 9222 Park Avenue; or consequently any other Fort Rucker facilities, for classes, trainings, programs, recreational use, or any other purpose, I hereby release Fort Rucker Sports, Fitness, and Aquatics, the Directorate of Family and Morale, Welfare and Recreation, the United States government and any individuals associated with these entities from any liability and/or claims arising from participation and use of said facilities and the equipment therein. I have also read and understand the Aquatics Cancellation and Refund Policy.

Participants Signature

Date

Parent/Guardian Signature (if Participant is a MINOR)

Date

ADMINISTRATIVE USE ONLY!

Employee Processing Payment: _____

Payment Amount Processed: \$_____ Payment Amount Outstanding: \$_____

Date Payment Processed: _____