

# Aquatics Membership

# APPLICATION

**Step 1**

**Read and sign the wavier. Registrations will not be processed unless wavier is signed.**

In consideration of accepting this registration, and to the extent permitted by law, I herby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and it's officers, clients, agents and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below I am accepting those risks for myself, and for any minor participants for whom I can contract.

I give permission to the City of Irvine to take photographs of me or my children while participating in this activity for use in future City publicity and understand that I will not receive any compensation for such use. This waiver does not give group participants the permission to utilize the slide, diving boards or other City of Irvine equipment without prior approval from the City of Irvine Aquatics Staff.

**I certify that I have read and understand this wavier and release as it applies to myself and to any minors for whom I am signing.**

(Parent or guardian must sign for participants under 18 years of age)

Participant Signature

Date

**Step 2**

**Complete Family Information (Please Print)**

Adult Contact			
Last Name		First Name	
Birthdate (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Phone (area code/number) ( ) -	
Members of Household			
Last Name		First Name	
Birthdate (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Child's Coach(es)	
Last Name		First Name	
Birthdate (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Child's Coach(es)	
Last Name		First Name	
Birthdate (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Child's Coach(es)	
Family Address			
Street Address		City	State      Zip Code
Email		Home Phone (area code/number) ( ) -	
Special Information			

**Step 3**

**Memberships**

- |  |   |
|--|---|
| <input type="checkbox"/> Concordia University          | <input type="checkbox"/> North Irvine Water Polo Club - Sting |
| <input type="checkbox"/> High Hopes Spinal Cord Injury | <input type="checkbox"/> Novaquatics - Masters                |
| <input type="checkbox"/> Irvine Kahuna Water Polo Club | <input type="checkbox"/> Novaquatics - General                |
| <input type="checkbox"/> IUSD (High School Athlete)    | <input type="checkbox"/> Special Olympics                     |
| <input type="checkbox"/> Meraquas of Irvine            | <input type="checkbox"/> Other _____                          |

**Privacy Policy**

The City of Irvine takes your privacy seriously. All information you provide is accessible only by the Community Services Department Registration Staff. Aquatics staff will receive only the name, current age, address and phone number of participates. Email addresses will be utilized for Department correspondence related to aquatic emergencies or facility closures only. Your information will not be shared with other agencies, departments, businesses or individuals to the extent permitted by law.