



Bouquet Park Swim Club & Camp Waiver & Cancellation Policy Form

Bouquet Park Member Non-Member

I, _____, (print name), the parent or guardian of
_____, (print child's name), give my permission for the following:

CHILDREN'S PROGRAM WAIVER

He/She may ride in the van/bus or walk to Bouquet Park Swimming Pool or to Springdale Free Public Library. While providing reasonable supervision, I hereby release the Bouquet Park Swimming Pool and Springdale Free Public Library and its officers and employees from any legal responsibility should a question of liability occur.

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

He/She may be given emergency treatment to include first aid and /or CPR by a qualified staff member at Bouquet Park and Springdale Free Public Library. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment.

CONSENT TO USE PHOTOS

I provide permission for the Bouquet Park Swimming Pool and Springdale Free Public Library to use any pictures of my child in future promotional purposes for their purposes only.

PAYMENT AND CANCELLATION POLICIES

The weekly total camp fee balance must be paid 5 days prior to the club date. No refunds are available when canceling less than 2 business days prior to the start date. There is no credit or refund provided once the club has begun.

PICK-UP AGREEMENT

I agree to the following conditions for picking up my child at Bouquet Park's Swim Camp.

- Pick up my child by 4:00 p.m. (Late pickups: a \$5.00 fee will be charged for each 5 minutes.)
- Pick up my child by 6:00 p.m. (6 p.m. pick up fee \$5/day member or \$10/day non-member – must register in advance for late pick up - Late pickups: a \$5.00 fee will be charged for each 5 minutes.)
- As a member, I give my child permission to stay after this time/or participate in Swim Team practice on the following dates: No unsupervised attendance is allowed. _____

* Please note: Children not able to pass the pool test are allowed to remain at Bouquet Park without adult supervision

Signature of parent or legal guardian

Date



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Parent/Guardian Copy to Keep

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**If you have any further questions regarding the cancellation policy please contact:
Marcia Wallander by phone at 412-514-9614 or by email at
bouquetpark@gmail.com**

Parent/Guardian Copy to Keep. Signed original submitted with Registration Form.