

The Center for Healthy Generations

(Formerly known as Morongo Basin Senior Support Center.)

A Non-Profit, 501(c)(3) Corporation



PRE-SCHOOL PACKET

One easy step:

1. Call or come in to reserve your space in a Pre School Swim class.

Suggested swimwear includes:

- ◆ Swimsuits that are easy to get on and off.
- ◆ Beach towel.
- ◆ Swim Diapers recommended for children still in diapers.

57121 Sunnyslope Drive
PO Box 106
Yucca Valley, CA 92286
(760) 365-9661

Pool Rules

CONFIDENTIAL EMERGENCY CARD

Name: _____ Date: _____

Address: _____

Phone Number: (____) ____ - ____ Business/Cell _____

Emergency Contact: _____

E-Mail Address: _____

Relationship: _____ Phone Number: (____) ____ - ____

Doctor: _____ Phone Number: (____) ____ - ____

Date of Birth: _____

PRESCRIPTION DRUGS

Please list your current medications:

Name of medication – how often taken:
(example: aspirin-81 mg 1x per day-morning)

Name of Condition- Date
(example: stroke, 1/2009)

_____	_____
_____	_____
_____	_____
_____	_____

Please list allergies to medications:

The Center for Healthy Generations Aquatic Program Participant Application and Release Form

General Information:

Participant _____

Legal Guardian _____ Relationship _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Bus./Cell Phone: _____

e-mail: _____

Gender: M / F (Circle One) Date of Birth: ____/____/____

Type of Arthritis or other similar condition (if known):

Participant Release Form:

If the participant's application for the Center for Healthy Generations, hereinafter known as "CHG", Aquatics Program is accepted, and he/she is permitted to participate in the program, I (the Guardian) understand and agree that neither CHG nor any co-sponsoring organization or facility, nor members, or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury that he/she may suffer during or resulting from my participation in this program. I do hereby, for the participant, their heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damage that he/she may have or that may hereafter accrue to him/her arising out of or in any way connected with their participation in this program.

I understand that this Participant Release Form has important legal consequences and limits the participants ability to recover money if the participant is injured as a result of his/her participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from the participants doctor about whether he/she can safely participate in this program and whether there are precautions or limitations to their participation and will have provided written approval from his/her doctor for his/her participation before he/she is allowed to participate in any manner whatsoever.

I understand and agree that the goal of CHG is to provide a safe program environment, free from disruption or harassment. To this end, CHG reserves the right to deny admission of those individuals whose behavior is disruptive or who harass other program members or staff.

By signing this, I also agree to adhere to any and all rules and guidelines for CHG pool participants and facility usage. Also, by signing this, I agree to allow CHG to use any pictures, likenesses, photos, or names as part of their promotion of this non-profit organization.

Signature of Legal Guardian _____

Date _____

The following will be completed by CHG staff:

Date of Enrollment: _____ *Class Schedule:* _____