



# Pacific Sands Cabana Club Stroke Instruction Class



Child Name: \_\_\_\_\_

First

MI

Last

Cost: \$50      Age on 6/1/18: \_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M       F      Swimming Ability: 1 2 3 4 5 (Circle One) 1=weak 5=strong

Address: \_\_\_\_\_

Street

City

State

Zip

Parent Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Medication, Pertinent Information or Special Instructions: \_\_\_\_\_

Session (Use Swimmer's Age on 6/1/18 to select a Group):

- 4-6 year-olds      4/10 to 5/4      Tuesday, Thursday, 3:30-4:00 PM  
Friday Friday (4/20 and 5/4 only) 3:30-4:00 PM
- 7-8 year-olds      4/10 to 5/3      Tuesday, Thursday, 4:00-4:45 PM  
Friday Friday (4/13 and 4/27 only) 3:30-4:00 PM
- 9-10 year-olds      4/9 to 5/4      Monday, Wednesday, 3:30-4:30 PM  
Friday Friday (4/20 and 5/4 only) 4:00-5:00 PM
- 11-12 year-olds      4/10 to 5/3      Tuesday, Thursday, 4:45-6:00 PM  
Friday Friday (4/13 and 4/27 only) 4:00-5:00 PM
- 13-18 year-olds      4/9 to 5/4      Monday, Wednesday, 4:30-6:00 PM  
Friday Friday (Every Friday) 5:00-6:00 PM

Payment Method:       Cash       Check # \_\_\_\_\_       Credit

Payment Total: \_\_\_\_\_ Combined with Sibling(s): \_\_\_\_\_



# Pacific Sands Cabana Club Stroke Instruction Class 2018

## PARENT'S PERMISSION AND EMERGENCY MEDICAL RELEASE FORM



*Please print neatly.*

I (we), the undersigned parent, parents or legal guardian of \_\_\_\_\_,  
(Name of Minor Participant)

a minor, do hereby request that he/she be permitted to attend the Pacific Sands Cabana Club Stroke Instruction Class between April 9, 2018 and May 4, 2018 and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Pacific Sands Cabana Club, its officers or leaders for medical aid rendered at a hospital or first aid rendered at the event and will reimburse Pacific Sands Cabana Club for medical or other expenses incurred in the care of my child.

In consideration for the **PARTICIPANT LISTED ABOVE**, we, the undersigned participant and parent or guardian, intending to be legally bound, do hereby for ourselves, our heirs, executors, and/or administrators, waive, release, and forever discharge all rights and claims for damages which we or either of us may hereafter have against Pacific Sands Cabana Club, its staff or community associations and/or assigns, for any and all injuries for damages which may be sustained or suffered in connection with scheduled workouts or participating in, or returning from said workout.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Printed Parent/Guardian Name      Parent/Guardian Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Printed Parent/Guardian Name      Parent/Guardian Signature      Date

Payment is due upon registration. NO REFUNDS are available.

Parents must complete a Registration/Permission and Emergency Medical Release Form and make payment in full before a participant may enter the water.

Please bring your completed form with payment to the Pacific Sands Cabana Club Office (8141 Atlanta Ave., Huntington Beach, CA 92646). For questions regarding space availability, payment or club membership please call the office at 714-536-8091 or email: [manager@cabanaclubhb.org](mailto:manager@cabanaclubhb.org)

For information about the Stroke Instruction Class or the Pacific Sands Penguins Swim Team, please email: [penguins.coach@cabanaclubhb.org](mailto:penguins.coach@cabanaclubhb.org)