



USCG BASE SAN JUAN
MWR DIVISION



AQUATIC PROGRAM ENROLLMENT

Student Name: _____ Age: _____

Parent Name: _____

Phone: (home) _____ (work) _____ (cell) _____

Mailing address: _____

E-mail Address: _____

Emergency Contact:

Name: _____ Relationship _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Previous swim class experience: _____

Please indicate last class or level accomplished: _____

Please indicate what you hope to achieve with this class: _____

Please indicate any medical problems to have in consideration: _____

I understand there is a monthly fee of \$50.00 for USCG (AD or civilian) or \$65.00 (other than CG) due on or before the 5th of the month.

Payments are to be made at the MWR office from 7:30 am – 3:30 pm. **No Refunds** will be given for classes missed. A completed Registration Form and Hold Harmless Agreement Form must be on file at MWR before program starts.



**US COAST GUARD BASE SAN JUAN
MWR DIVISION
MWR ACTIVITIES AND FACILITY USAGE
RELEASE AND HOLD HARMLESS AGREEMENT**



In consideration for being allowed to participate in the MWR program and/or utilizing an MWR/Housing facility, I hereby release the United States of America, the Department of Homeland Security, the United States Coast Guard, and all of their officers, agents, or employees, acting officially or otherwise, from any and all claims, demands, actions, or cause that may result from any liabilities or claims arising from my (and/or my family's) participation. I agree that I will never prosecute, or in any way aid in prosecuting, any demand, claims or suit against the United States Government* for any loss, damage, or injury to my person or property that may occur from any cause whatsoever as a result of taking part in these activities or utilizing the facility.

I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my gross negligence, willful misconduct, or fraud.

SIGNATURE OF PARTICIPANT:

DATE:

PRINT NAME OF PARTICIPANT:

ADDRESS OF PARTICIPANT:

I, _____, parent/legal guardian of the above-said minor child (children) consent to his or her taking part in the MWR support facilities and activities. I will abide by the above.

SIGNATURE OF PARENT/GUARDIAN:

DATE

*United States government, as used here, includes Morale (MWR) support activities and any officer, agent or employee of the United States Government of Morale support activities, acting officially or otherwise.