

# San Mateo Athletic Club

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Registration can be done by phone, email or mail. Payment is required at time of registration to enroll in a course.

Phone: 650-378-7373 & ask for the Aquatics Desk

Email: [SMAC.Aquatics@smccd.edu](mailto:SMAC.Aquatics@smccd.edu)

Mail: SMAC – Aquatics Building 5. 1700 West Hillsdale Blvd. San Mateo, CA 94402

Participant's Full Name	Age	Date of Birth
Email		Member of SMAC? Yes /No
Home Phone #		Work Phone #
Emergency Contact	Relationship	Emergency Phone #

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### LGI in water update

**\$200**

**Sunday, September 23, 2018**

**9am – 5pm**

**\*Must complete the 2017 online update & bring completion certificate  
Bring your LG Participant Manual, LG Instructor's Manual,  
CPR mask & lunch.**

**Please email Yvonne for questions [Taylor@smccd.edu](mailto:Taylor@smccd.edu)**

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## **Please read and sign the release below:**

I, \_\_\_\_\_, on behalf of myself and/or my child, \_\_\_\_\_, have voluntarily requested to participate in an Aquatics program offered by the San Mateo Athletic Club. I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending and participating in these activities. In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the City of San Mateo, College of San Mateo, San Mateo Athletic Club or any of their employees, officers, directors, agents, contractors, members or board members (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child, myself, anyone else, or any property arising from the negligence, or other acts, however caused, of any of the Released Parties. In addition, I release and discharge the Released Parties from any and all actions, liabilities, losses, claims or demands that I, my child, our respective heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child, myself, anyone else, or property damage resulting from my, or my child's, attendance at or participation in swim lessons offered by the San Mateo Athletic Club.

I grant to San Mateo Athletic Club, its representatives and employees the right to take photographs of participants in connection with marketing materials. I authorize the San Mateo Athletic Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I grant San Mateo Athletic Club the unrestricted right and permission to copyright and use, re-use, publish and re-publish photographic portraits or pictures of participants. I hereby relinquish any right that I may have to examine or approve the completed product(s) or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. **I HAVE CAREFULLY READ THE LANGUAGE ABOVE. I UNDERSTAND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.**

### **Medical Questionnaire**

Please list any physical disabilities, mental disabilities, allergies, illnesses, medications, or injuries we should know about.

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Date: \_\_\_\_\_ Name of Participant: \_\_\_\_\_ Signature: \_\_\_\_\_