



2017 Buncombe County Free Pool Safety Day

Swim Club Management Group of Asheville, Inc.

Learn-To-Swim School - 2017

Swim Club Management Group of Asheville believes in providing children with a positive environment in which they can feel comfortable and learn basic water safety. We feel that through patience, encouragement, and frequent repetition of skills, your child will have a fun, safe and rewarding swimming experience.



Come Learn Pool Safety With Us!

Pool Safety Day - Saturday June 17th from 9:45am-10:45am

Erwin – Cane Creek - Owen – North Buncombe – Hominy Valley

Safety Topics Will Include:

- ✓ **Better be safe than sorry! When to tell a Lifeguard or Parent**
- ✓ **Always let your parent/adult/guardian know before you get into the water**
- ✓ **Buddy System...Never Swim Alone!**
- ✓ **Look before you jump!**
- ✓ **Learn Pool Rules**
- ✓ **Swim Testing**
- ✓ **Learn to float in case you get in water over your head**
- ✓ **How to protect yourself from the sun**
- ✓ **Don't yell for HELP unless you really need it!**



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ENROLLMENT FORM

Please complete one form for each child enrolled in Safety School.

Please Print:

Child's Name _____

Age _____ Level _____ Class Time _____ Pool Name _____

Parent or Guardian's Name _____

Email _____

Address _____

City _____ Zip Code _____

Day Phone _____ Evening Phone _____

**Enrollment is available during pool hours ONLY and must be done in person.
We will not take any early registrations.**



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WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant, and/or the parent/guardian of the participant agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in SCMG Swim/School and hereby agrees to indemnify and hold harmless SCMG Swim/School, SCMG, coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the lessons. The participant also agrees to indemnify SCMG for any damages incurred or arising from any claims, demands, actions, or causes of action by the participant.

The participant authorizes any representative of the Swim/School staff to have the participant treated in any medical emergency during his/her participation in the lessons. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transport for the participant.

I HAVE READ CAREFULLY THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Phone: _____

Emergency Contact and Phone: _____

Medical or Health Conditions that Swim Staff Should Know About: _____

