



JOE FLAHERTY'S DOLPHINS

16512 Roundabout Drive
Gaithersburg, MD20878

JFDschedules@gmail.com
Phone 301-916-1852

www.jfdolphins.com
Fax 301-916-2952

Joe Flaherty's Dolphins Swim Lesson & Clinic Program



**For CTC homeowners and eligible renters who want to learn to swim
or want to prepare for the 2018 CTC Tiger Sharks Swim Team
June 20th – August 12th
Tuesdays, Thursday, & Saturdays**

- Lessons offered only for CTC residents ages three years to adults.
- Classes fill quickly on a first come first serve basis. Register now to maximize the chance of getting the sessions you want.
- We offer two 4-week sessions & one 8-week session:
 - Session 1: 6/20-7/16
 - Session 2: 7/17-8/12
 - Full 8-week Session: 6/20-8/12
- Each lesson lasts 45 minutes
- Cancellation Policy: Cancellations due to weather or pool scheduling conflicts - JFD will offer a makeup class, a credit towards a future class, or a refund. No refunds are given for personal absences.
- Make-up Policy:
 - Sessions 1 and 2 do not offer make up lessons for personal absences; however, we will offer make-ups for pool closure.
 - Full 8-week Session will hold make-ups for all absences.
We do not reschedule missed make up classes
- Submit registration form & payment directly to:

Joe Flaherty's Dolphins
16512 Roundabout Drive
Gaithersburg, MD 20878
- If the session you request is booked, JFD will suggest other sessions.
- Registration forms are available at www.JFDolphins.com



JOE FLAHERTY'S DOLPHINS

16512 Roundabout Drive JFDschedules@gmail.com www.jfdolphins.com
Gaithersburg, MD20878 Phone 301-916-1852 Fax 301-916-2952

EMERGENCY MEDICAL INFORMATION, LIABILITY RELEASE AND INDEMNIFICATION

Swimmer's Last Name _____ First Name _____

I, _____ the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." This agreement is valid while the participant is a member of Joe Flaherty's Dolphins, LLC. I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand that my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any concerns about the risk, I should discuss them with the activity coordinators and event staff, before I sign this document and before the activity begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Clarksburg HOA, Joe Flaherty's Dolphins, LLC, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and out of liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor) (Signature of minor) (Date)

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in Joe Flaherty's Dolphins, LLC Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) (Signature of parent) (Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities.

(Print name of Parent/Guardian) (Signature of parent) (Date)

In the event of illness, accident, or injury, permission is granted to have _____ treated by a physician.

Please note that our child is allergic to the following medications: _____

Please note that our child has the following health conditions: _____

Emergency contact:Name/s _____ Relationship _____ Phone _____

Medical Insurance Carrier _____ Policy #: _____ Group # _____ (if app.)

I give my permission for photos taken during the lesson program may be used on the JFD website and in promotional material.

Signature of Parent or Legal Guardian Phone number/s Date