

SCUBA ADVENTURE DAYS AT THE HIGGINBOTTOM POOL



Check which program(s) you would like to attend. See Brochure for pricing

Intro into Scuba ages 8 and over _____

Scuba Adventure Camp ages 8-16 _____

Open Water Certification Class ages 10 and over _____

Dive the Maze (Must have taken one other class) _____

4 amazing underwater adventures

Name: _____ Phone _____

Address: _____ Email _____

DOB _____ Age _____

Height _____ Weight _____

Previous Experience (if any) _____

You will need to pick up a book at the Recreation office.

Please send in payment to the Belmont Recreation Department , PO Box 56, Belmont MA 02478

Belmont Recreation Waiver of Liability

Each parent/guardian of a participant must agree, either by signature or electronically upon registration, to waive the Town of Belmont from liability by accepting these terms:

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

For publicity purposes, program staff may take photos which may be used on the Department's website or Facebook page or in the Town's newspaper. Please let us know if you have any objection or concern regarding this policy.

Name of participant

Date

Signature of participant (or legal guardian if under 18 years of age)

Date