



Muskegon Heights Public Schools Academy System 2441 Sanford Street, Muskegon Heights

Complete and email to Aquatic Office: jbytwerk@mhtigers.org / 231-830-3258

Muskegon Heights Public School Academy System Aquatic Lesson Registration & Waiver

Student Name: _____ AGE _____ School _____

Swim Class Level: _____ Start Date & Time: _____

Student Name: _____ AGE _____ School _____

Swim Class Level: _____ Start Date & Time: _____

Student Name: _____ AGE _____ School _____

Swim Class Level: _____ Start Date & Time: _____

Student Name: _____ AGE _____ School _____

Swim Class Level: _____ Start Date & Time: _____

Guardian Name (Print): _____ Phone Number _____

Email: _____ (for class communications only)

Informed Consent and Release

I, the undersigned, hold Muskegon Heights Public School Academy and employees harmless from liability for any and all medical and/or accident expenses, which may incur during my or my dependents use of the aquatic facilities. I acknowledge that utilization of these facilities carries with it the potential for disability, death, or other serious injury. This includes all possibility of contacting Covid-19. I waive, release, and discharge Muskegon Heights Public School Academy System, its Board of Trustees and employees from claims, actions, damages, and liability for personal injury or damage relating to the use of the facility, except where the injury or damage is caused by sole negligence.

I approve _____, do not _____ approve of photos to be taken of myself or child(ren) for the purpose of supporting Muskegon Heights swim programs.

Must be signed by a parent/legal guardian if under 18

Date