

BEAUMONT INDEPENDENT SCHOOL DISTRICT

Department of Athletics



He
8-3-23

BISD Memorial Stadium-Natatorium Membership Terms

1. The BISD Memorial Stadium-Natatorium is to only be used for training and workout purposes.
2. All student participants must be in high school to obtain a membership and must present their school id or Driver's License to register. Children 12 and up or in middle school, may enter the facility, only under the direct supervision of a parent or guardian, with a \$10 session fee. **No one under the age of 12 is allowed to participate at any time.** Daycare services are not available.
3. The session fee price is \$10 and an individual must accompany a member of the facility to obtain this rate.
4. Day passes may be purchased for \$15 by anyone above the age of 15. A school id, Texas id, or Drivers License is required for admittance.
5. Payment for membership will be handled on a monthly basis. The monthly rate for persons affiliated with the district is \$40 and \$50 for all others. There is no enrollment fee. Monthly fees are due no later than the first Monday of each month. **Only payments made in cash or money order will be accepted.**
6. All natatorium rules and regulations must be followed at all times. These are posted at the entrance of the pool and above the water fountains, near the locker rooms. Please be sure to return all training equipment to the storage area, and neatly rack all plate and free weights used. No eating inside the facility please.
7. Facility membership provides admittance for lap swimming.

Membership Open Facility Hours:

August – December

Monday - Thursday

3:00 - 8:00 p.m.

Friday

3:00 - 6:00 p.m.

BEAUMONT INDEPENDENT SCHOOL DISTRICT
Department of Athletics



BISD Memorial Stadium-Natatorium Registration

Participation Information:

Name: _____

Date of Birth: _____ Age: _____ Gender: M or F

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: Name, Cell Number, and Registration to Participant:

Please circle one of the following:

*District Employee * District Student Other

*Please indicate your home campus in BISD _____

Please sign and date below:

I have read and understand the terms and conditions of the Memorial Stadium-Natatorium. Failure to adhere to these guidelines will result in termination of membership.

Signature

Date



WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING

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

WHEREAS, the Board of the Beaumont Independent School District, has agreed to permit its facilities to be used for swimming programs, lessons and meets at the Beaumont Independent School District Natatorium, subject to the terms and provisions to be agreed upon between the participating people desiring to swim under this program, their parents and representatives of the Beaumont Independent School District.

NOW THEREFORE, I, _____, the enrolled participant and/or the parent/guardian of the participant, agrees and understands that swimming is a potentially 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 various swimming programs and competitions and hereby agrees to indemnify and hold harmless the Beaumont Independent School District, its officers, directors, members, coaches, agents and employees against any liability resulting from an injury that may occur to the participant while participating in the various swimming programs. The participant also agrees to indemnify the Beaumont Independent School District for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the Beaumont Independent School District to have the participant treated in any medical emergency during their participation in the various swimming programs and/or competition. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for participant.

I have noted on the attached sheet any medical/health problems of which the staff should be aware.

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

Signed: _____ Date: _____
(Participant)

Printed Name of Participant:

Signed: _____ Date: _____
(Parent/Guardian)

Printed Name of Parent/Guardian: _____