HELEN P. BROWN NATATORIUM

Please check your school

☐ Bishop Luers	☐ Leo	☐ Wayne
☐ Bishop Dwenger	☐ North Side	☐ Memorial Park
☐ Blackhawk	☐ Northrop	☐ IISD
☐ Canterbury	☐ Snider	☐ FORT
☐ Concordia	☐ South Side	

Participant Information 2026-2027

First Name: _____ Last Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Cell Phone: ( )_____ E-mail Address: _____

Alternate E-mail address: _____

Date of Birth: _____/_____/_____ Age:_____ Select One: ☐ Male ☐ Female

Please list any medical issues that you would like to indicate: _____

Parent/Guardian Name (N/A if over 18):_____ Parent/Guardian Phone: ( )_____

EMERGENCY CONTACT INFORMATION

Name:_____ Relationship to Participant:_____

Phone #: _____ Alternate Phone #: _____

Helen P. Brown Media Release ☐ YES ☐ NO

I hereby give Fort Wayne Community Schools permission to use, and/or copyright, personally identifiable information about the above-named individual including photographs, video, name, school of attendance, athletic achievements, academic achievements and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any Fort Wayne Community Schools' Web page(s), including social media. I understand that this information might be published on the Internet and therefore published worldwide. ***Check yes if you want to participate in yearly high school swim picture!**

Helen P. Brown Usage Agreement

Anyone participating in an exercise program should consult with and gain approval from a physician prior to beginning an exercise program. The Natatorium is not responsible for items left or lost in our facility. Use of the Helen P. Brown Natatorium may be revoked at any time. You will be assigned and be subsequently responsible for your assigned key tag. This keytag will be used for the lifetime of your use at the Natatorium. Replacement tags are $6/tag. You will be denied access without the proper key tag. This information is not all-inclusive, and can be subject to change by the Natatorium at any time.

Usage Waiver Agreement

I do for myself, my spouse, heirs, administrators, personal representatives, and/or assigns, hereby forever release, waive, discharge, and agree to release the Helen P. Brown Natatorium and Fort Wayne Community Schools (FWCS), its board members, administrators, employees and/or agents (cumulatively, "the Released Parties") from all liability, including liability resulting from the Released Parties' own negligence, resulting in personal injury, accident or illness (including death) and property loss arising from participation in any Helen P. Brown Natatorium or FWCS programming or activities on/off pool premises and/or the use of FWCS property, facilities, and equipment, to the greatest extent allowed by law. I HAVE CAREFULLY READ THE ABOVE, FULLY UNDERSTAND ALL TERMS CONTAINED HEREIN, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO GIVE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Helen P. Brown Refund Policy

All efforts will be made to meet your scheduling requirements to transfer your credit to another course offering. If a refund is required, refunds will be issued back to your credit card or refund check will be issued if you paid by check or cash. All refunds will be processed within 30 days of request minus a 10% processing fee. No refunds will be given with less than 48 hours notice of the start of the program unless a note from a physician is provided. No shows will not be made up or refunded. In case of a district closure due to weather, act of nature or any unforeseen circumstance, there will be not make-up classes or refunds if any of these occur.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required if member under 18 years)

FOR OFFICE USE ONLY ☐ Entered on Jonas

AMOUNT PAID _____ ☐ Cash ☐ Check # _____ ☐ Credit/debit card # _____

Staff Name: _____ Date: _____ Barcode # _____

Notes: _____