THE COLLEGE OF NEW JERSEY AQUATIC CENTER
FORMS – PARTICIPANT ACTIVITY CONSENT

Please Read Carefully
All information will be kept strictly confidential. *Circle*

Does the program participant have any physical conditions which may limit participation? (Arthritis, Diabetes, Heart Condition, Injury, Asthma?)	yes	no
Is the program participant currently under a physicians care for any reason?	yes	no
Has the program participant ever been under a doctors care for any type of heart condition, stroke, diabetes, epilepsy, arthritis or any joint or muscular disorder?	yes	no

If yes, please state the condition and its severity.

_____

_____

Individuals answering yes to any of the above questions must receive written doctor's permission in order to participate.

Dangers Associated with Aquatics

Swimming and aquatic related activities are responsible for approximately 7,000 deaths annually. Drowning is the second leading cause of accidental death in the United States for individuals aged 0 - 45 years, second only to automobile accidents.

Permanent paralysis, brain damage, disabling injuries and/or death can have resulted from participation in aquatic related activities. Following the rules and guidelines that have been established at the TCNJ Aquatic Center will minimize the risks inherent to aquatic activities and decrease the chances of injury.

Aquatic Program Participant Rules

Participants must:

Follow all posted rules.

Follow the directions of the instructor.

If the student is under 18 years of age

The parent:

- Understands the inherent dangers involved in aquatics that may lead to possible accident, injury, or death.
- Feels confident that the participant will be able to follow all rules and directions given by the Aquatic Staff.

_____
Participants Name (PRINT)

_____
Signature of participant or parent if participant is under 18

_____
Address

_____
City, State, Zip Code

_____
Phone

_____
Date Class