



2017 CHILD INFORMATION FORM

Student's Last Name First Name Date of Birth (repeated 3 times)

EMAIL ADDRESS:

(Please print clearly. We do a lot of communication through email; it is faster and more efficient. If you have an email you check regularly, please include it. We will never sell your email address.) Office Use Only: Added to Swim Email List

Street Address City Zip code Primary Contact Phone Number - we call 1st
First Parent's Name Cell Phone Number
Second Parent's Name Cell Phone Number

Please Read and Initial the following:

Payment Authorization: I hereby authorize Adventure Sports Unlimited to charge my credit card for my children's swim classes. I understand that all class fee's are due one week prior to scheduling of classes unless I have made other arrangements with ASU.

Refund Policy: I understand that if I cancel my child's swimming class prior to scheduling I am entitled to a full refund. If I cancel my child's swimming class after they are scheduled, but prior to the session starting I am entitled to a credit only!

Make-Up Policy: We do offer make-up swim lessons in the event that you need to miss a class (limit 2 make-up classes per session). Make up classes must be completed by the end of the session after the session in which they were missed, otherwise you forfeit the class.

Liability Release

In consideration of your acceptance of (child's name) for enrollment in the Adventure Sports Swim Program, I, my heirs, executor and administrator agree to hold harmless and release Adventure Sports Unlimited, its owners and employees from all liability for injury and/or damage whatsoever, arising from (child's name) participation or presence in the Adventure Sports Swim Program. I certify that I am the parent or guardian of the above participant and give my consent without reservation to the foregoing. I also give my consent for any medical treatment when needed.

Signature of Parent or Guardian: Date:

Print Name: