



2018 CHILD INFORMATION FORM

Student's Last Name	First Name	____/____/____ Date of Birth	
Student's Last Name	First Name	____/____/____ Date of Birth	
Student's Last Name	First Name	____/____/____ Date of Birth	
EMAIL ADDRESS: _____ (<i>Please print clearly.</i> 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. I understand that if I agree to have my children continue into another session of swimming, my credit card will be charged at that time. I acknowledge if I choose to pay with a check/cash, payment is due prior to being scheduled. Payment Authorization agreements remain on file for 3 years.

____ **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! If I cancel my child's swimming class after a session has begun, or if my child refuses to participate in class, there are no refunds or credits.

Assumption of Risk/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 aware and understand that activities involving swimming are dangerous and involve risk of drowning, serious injury and/or death. I acknowledge that I am voluntarily participating in the activities with the knowledge of the dangers involved and hereby accept and assume any and all risks of injury including death.

I expressly waive and release any and all claims against Adventure Sports Unlimited and its owners, managers, officers, employees, agents, affiliates, successors, and assigns (collectively, releases), on account of injury or death arising out of or attribute to my participation in the activities. Whether arising out of the negligence of the Adventure Sports Unlimited or any releases or otherwise. I covenant not to make or bring any such claim against Adventure Sports Unlimited or any other release and forever release, discharge and hold Adventure Sports Unlimited and other releases harmless from liability under such claims.

I hereby authorize any representatives of Adventure Sports Unlimited to have the participant treated in any medical emergency during his/her participation in the activities. Further, the _____ (*Child's Name*) participant and/or parent/guardian agrees to pay all costs associated with medical care for and transportation of the participant. I have notified Adventure Sports Unlimited of any medical/health problems of which the Adventure Sports Unlimited's staff should be aware prior to participating in the Swim Program.

[Continued on other side]

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT.

Participant(s) Name(s): _____

Signature of Parent or Guardian: _____

Date: ____ / ____ / ____

Print Name: _____