



2019 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 _____ POS Updated _____			
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 the following:

Program Payment and Billing: I understand that all class fees are due one week prior to the start of the scheduling process for the session. I understand if I enroll my child and/or children in the Adventure Sports Swim program or continue to into another session of swim lessons, my card will be charged at this time. During billing, Adventure Sports will charge the last card used for the most recent session of swim lessons. Unless other arrangements in writing are agreed upon by Adventure Sports Unlimited and the client(s) of this agreement, I understand my card will be charged. All forms of payment (credit card/check/cash) will be due one week prior to scheduling.

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.

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: _____