

Swimming Stages Registration

Mail To:

Swimming Stages Swim Academy
15325 West Little York
Houston, TX 77084

Family Name: _____

Parents:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ (circle one) home/work/cell

Phone #2: _____ (circle one) home/work/cell

E-mail: _____

Session #: _____

Student #1

Name: _____

Birthdate: _____ (MM/DD/YY)

Stage: (circle one) Basic or maintenance?

Day(s)/Time: _____

Student #2

Name: _____

Birthdate: _____ (MM/DD/YY)

Stage: (circle one) Basic or maintenance?

Day(s)/Time: _____

Student #3

Name: _____

Birthdate: _____ (MM/DD/YY)

Stage: (circle one) Basic or maintenance?

Day(s)/Time: _____

Medical Concerns/Special conditions? (circle) yes or no? If yes, please explain.

Paid by: _____

Date _____ (MM/DD/YY)

Amount Paid _____ Discount _____

Check # or Credit Card Type _____ Ex. Date _____

NOTES:

Family Name: _____

Release of Liability and Waiver of Certain Legal Rights
Please read carefully before signing

I, acting on behalf of myself, my family members, all other members of my household, all guests or persons employed by me accompanying the above persons, as well as in the capacity as the legal guardian of the children named below, (collectively, the "Participants"), hereby release and discharge Swimming Stages, the owners, officers, directors, employees, agents, successors, legal representatives and assigns from all claims, demands, actions, judgments and executions of any kind, nature and description, including without limitation those arising with respect to or in any way related to any swimming programs or activities conducted by or associated with Swimming Stages, its facilities and/or any facilities used by Swimming Stages (the "Programs"), whether arising out of past, present, or subsequent events, whether known or unknown, without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including that of Swimming Stages. The Participants agree to protect, defend, indemnify and hold harmless Swimming Stages from and against any and all liability, loss, damage or expense, including reasonable attorney's fees, Swimming Stages may suffer or incur as a result of any claims, demands, costs, litigation, injury to persons or property, death or judgment against Swimming Stages of every kind and character by, for, through or on behalf of the Participants, without limit and without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including Swimming Stages, with respect to the Programs. The participants agree to maintain in force adequate insurance coverage, including without limitation property, casualty, liability, and other insurance, sufficient to cover all of their obligations under this Agreement. I hereby represent and warrant that I have legal authority to act on behalf of the Participants and to legally bind the Participants to the terms of this Agreement. I have noted on the back of this agreement any and all medical history or other information of which Swimming Stages should be aware that would or could affect participation of any of the Participants in the Programs. The participants hereby authorize Swimming Stages to treat any Participants in any medical emergency arising during or incident to the Programs.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDE OF ITS CONTENTS AND SIGNIFICANCE. Alterations of original document not accepted.

A facsimile signature is as good as an original.

Signed (client's name) _____ Date _____

Printed Name (mother's name) _____ (father's name) _____

Participants: (list only those swimming)

Name _____ Male ___ Female ___ Birthdate _____ - _____ - _____

Name _____ Male ___ Female ___ Birthdate _____ - _____ - _____

Name _____ Male ___ Female ___ Birthdate _____ - _____ - _____

Name _____ Male ___ Female ___ Birthdate _____ - _____ - _____

Family Name: _____

Registration Checklist

(please initial each)

___ I understand students are not enrolled until class times are confirmed by the office personnel, all Registration Documents are completely filled out and signed, and the Registration Fee and tuition is paid.

___ I have made Swimming Stages aware of any special conditions participating swimmers may have, including but not limited to: mental or motor delays, speech delays, ADD, ADHD, autism, allergies, etc.

___ I have read and signed the Release of Liability.

___ I understand that Swimming Stages is closed for all legal holidays but will offer a Friday makeup lesson for a lesson that falls on a holiday.

___ I understand that I will not be notified when a substitute will be teaching a class. Make-up lessons will not be granted if a swimmer fails to participate in lessons taught by a substitute.

___ If a student misses his/her lessons due to illness, or events that cause a swimmer to miss his/her lesson, Swimming Stages will not offer make-up lessons.

___ In case of severe weather conditions or other emergency situations that may force Swimming Stages to close, I can call the main office number of the facility location for information.

___ As a courtesy to others I will not dress or undress my child(ren) in any area other than the provided dressing rooms. Dressing rooms are provided in the pool area. I will instruct caregivers to change my child in the pool area also.

___ Students may wear goggles during class, however the goggles are to remain on their eyes the entire lesson. It is not the instructor's job to do the adjustments. Snorkeling masks are not permitted. Please adjust the size and test for leaks before class.

___ I am responsible for notifying Swimming Stages of any changes in address and phone number.

___ I understand that children who are not **100%** potty trained must wear ***Huggie's Little Swimmer*** pants (or comparable swim pant) under their swimsuits. If a child has an accident, is potty trained, did not ask to use the restroom and is not wearing a ***Huggie's Little Swimmer***, or is known to be ill prior to class, Swimming Stages reserves the right to charge client for cleaning and lost revenue due to closure from contamination.

Please check below how you learned ***initially*** about our program:

___ Kid's Directory

___ Internet

___ I'm a previous client

___ Buzz Magazine

___ Sun Newspapers

___ **Friend

___ Other _____

**Name _____