

KIM COURTNEY'S SWIM SCHOOL/DFSC

2016 Registration Form

PLEASE COMPLETE BOTH SIDES - INITIAL & SIGN IN TWO PLACES

CJ _____

GM _____

MM _____

1. **Student Name** (First/Last) _____ **DOB** _____

2. **Student Name** (First/Last) _____ **DOB** _____

3. **Student Name** (First/Last) _____ **DOB** _____

Important Information about your child(ren) that may be helpful to us:

Address _____ **City** _____ **Zip** _____

Mother/Guardian Name _____ **Phone #** _____

Email _____

Father/Guardian Name _____ **Phone #** _____

Email _____

Emergency Contact _____ **Phone#** _____ **Relation** _____

Who may we THANK for the kind Referral? _____

I state to the best of my knowledge, my son(s)/daughter(s) listed on this form has no medical, physical, mental, or emotional condition(s) which would hinder or prevent his/her active participation in all Kim Courtney's Swim Programs. Swimming involves certain risks. In the even of any injury or illness, Kim Courtney's Swim School has my permission to administer first aid. If it appears serious and requires immediate attention, medical assistance will be necessary and the appropriate personnel will be contacted.

We, the staff at Kim Courtney's Swim School, recognize our obligations to make sure our students and their parents are aware of the risks and hazards involve in the sport of swim. By signing this waiver, you release Kim Courtney's Swim School and all its employees from all claims on account of any injury that may be sustained by your child while attending any swim lesson/practice/meet, event associated with Kim Courtney's Swim School or outside function.

In signing this waiver, you also acknowledge your responsibility in paying tuition, entry fees for performance and competition and all other communicated costs involved. You also affirm you now have, and will continue to carry, proper primary medical, health, and hospitalization and accident insurance, which you consider adequate for the protection of both your child(ren) and Kim Courtney's Swim School.

Parent/Guardian Signature _____ **Date** _____

Informed consent/waiver form

(Please initial next to each statement, acknowledging you read, understand and agree to the terms)

SWIM LESSONS

_____ Payment of tuition is due **ON OR BEFORE THE FIRST DAY OF EACH SESSION**. In the event we do not receive payment the credit card on file will be charged for the full tuition amount.

_____ If you cancel **BEFORE** a session begins, a \$25 cancellation fee will be charged to the credit card on file. To avoid this cancellation fee, your child may re-enroll for a session during the 2015 season.

_____ If you cancel **AFTER** a session begins, a \$75 cancellation fee will be assessed to your account and the remaining balance refunded to the credit card on file.

_____ If your child is a NO SHOW on the first day, the full tuition will be charged to the credit card on file.

_____ **Due to the popularity of our swim program, we are unable to change scheduled lesson times once a session has begun. If your child is absent for any reason: illness, vacation, or other event, we do NOT offer make-up lessons. Tuition is not refunded or credited for any missed class. NO EXCEPTIONS!**

_____ A \$30 return check fee will be added to your account on all insufficient checks.

_____ Kim Courtney's Swim School reserves to cancel classes for any reason.

_____ I give my permission for photographs and video of my child(ren) to be used in print or broadcast for the promotion of any Kim Courtney's Swim School Activities.

By signing below, you are acknowledging that you have read and fully understood and agree with all policies and procedures outlined above and in the registration packet.

Parent/Guardian Signature _____ Date _____

SWIM TEAM

_____ Payment of DFSC tuition is **DUE ON THE FIRST DAY OF EACH MONTH THAT PRACTICE IS HELD**. You have until the 10th of each month to pay tuition. On the 11th, we will add a \$25 late fee and charge the credit card on file. NO EXCEPTIONS!

_____ DFSC TUITION REMAINS THE SAME EACH MONTH REGARDLESS OF WHETHER IT IS A 5-WEEK MONTH OR A SHORTENED MONTH DUE TO HOLIDAYS. Tuition is not refunded/credited for missed practice(s) for any reason/holidays/inclement weather. DFSC reserves to cancel practices for any reason.

_____ The DFSC \$30 annual registration fee is non-refundable/non-transferrable.

_____ There will be a \$10 late fee assessed for all entries not paid for on time.

_____ DFSC is not responsible for any misplaced or missing items. LABEL everything!

_____ I give my permission for photographs and video of my child(ren) to be used in print or broadcast for the promotion of any Kim Courtney's Swim School Activities.

By signing below, you are acknowledging that you have read and fully understood and agree with all policies and procedures outlined above and in the registration packet.

Parent/Guardian Signature _____ Date _____