



Last Name _____

Informed Consent & Waiver Form

Child Information:

Childs Name _____ D.O.B _____
2nd Childs Name _____ D.O.B. _____
3rd Childs Name _____ D.O.B. _____

Parent / Guardian

Mother / Guardian Name: _____ Cell Phone #: _____
Father / Guardian Name: _____ Cell Phone #: _____
Home Phone #: _____ Work Phone#: _____
Parents E-Mail: _____
Address: _____ City: _____ State: _____ Zip: _____

In case of emergency:

Name: _____ Phone #: _____
Relationship to student: _____

Important Information about your child(ren):

List any medications, medical conditions or additional information about your child(ren) that may be helpful to us

I, the undersigned, as the parent or legal guardian of the children listed above, have my permission to participate in the Kim Courtney's Swim School programs, Including, but not limited to - Swim Lessons, Swim Teams, all Swim Meets, Clinics hereby assume full responsibility for all risks of injury or loss which may result from my son(s)/daughter(s) participation in this activity and hereby agree to hold harmless, release and forever discharge Kim Courtney's School, it's owner, members, managers, officers, directors, employees whether paid or volunteer from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury or death of any person or persons, directly or indirectly from my son(s)/daughter(s) participation in the aforementioned program.

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 event of any injury or illness, Kim Courtney's 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.

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

We reserve the right to cancel classes due to a lack of enrollment.

We reserve the right to charge your credit card in the event of a NO-Show or Non-Payment for any session.

I have read and fully understand and I agree with the informed consent, release and the emergency medical authorization outlined above with regards to my son(s)/daughter(s). In addition, I understand and comply to/with all policies and procedures as outlined in Kim Courtney's Swim School registration packet.

Parent/Guardian Signature: _____ Date: _____