

KIM COURTNEY'S SWIM SCHOOL 2023 Registration Form

Please complete both sides-initial & sign in all places

1. Student Name _____ DOB _____

2. Student Name _____ DOB _____

3. Student Name _____ DOB _____

Important information about you child(ren) that may be helpful to us:

Address _____ City _____ Zip _____

Parent or Guardian Name _____ Primary ph# _____

Email _____

Parent or Guardian Name _____ Primary ph # _____

Email _____

Emergency Contact _____ Relation _____ Ph no# _____

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 event of any injury or illness, KCSS 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 KCSS, recognize our obligations to make sure our students and their parents are aware of the risks and hazards that involve the sport of swim. By signing this waiver, you release KCSS and all its employees from all claims on account of any injury that may be sustained by your child while attending any lesson, practice, meet, or event associated with KCSS or an outside function.

In signing this waiver, you also acknowledge your responsibility in paying tuition, meet fees and all other communicated costs involved. You also affirm you have, and will continue to carry proper medical, health, hospitalization, and accident insurance, which you consider adequate for the protection of both your child(ren) and KCSS.

Parent/Guardian _____ Date _____

Informed consent/waiver form

Initial next to each statement, acknowledging you read, understand and agree to the terms

Swim School Policies

_____ Payment of tuition is due ON OR BEFORE THE 1ST DAY OF EACH SESSION. In the event we don not receive payment, the credit card on file will be charged for the full tuition amount.

_____ If you cancel for ANY REASON 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 1st day, the full tuition will be charged to the credit card on file.

_____ Due the popularity of our swim school and program, we are unable to change scheduled lesson times once a session has begun. However, If the child has been placed in an incorrect level we reserve the right to move him/her to the appropriate class for their level.

_____ If your child is absent for any reason: illness, vacation, or other events, we do NOT offer make-up lessons. Tuition is not refunded or credited for any missed classes. NO EXCEPTIONS
A parent can request to add their child to our jump in a class list when they miss a class. Keep in mind, there is no ratio nor specific level with the jumping in a class. Times and days may vary

_____ A \$30 RETURN check fee will be added to your account with all NSF checks

_____ Kim Courtney's Swim School reserves the right 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 understand and agree with all policies and procedures outlined above.

Parent /Guardian Signature _____ Date _____