

Kim Courtney's Swim School – 2024 Registration Form

*****Please complete BOTH sides*****

1) Student Name:	DOB:
2) Student Name:	DOB:
3) Student Name:	DOB:
Address:	
City:	Zip Code:
Parent/Guardian Name:	Phone #:
Email:	
Emergency Contact:	Phone #:
How did you hear about KCSS?	

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, 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 Signature _____ Date

Informed Consent/Waiver Form - Policies and Procedures

*****Please INITIAL each statement*****

____ Payment of tuition is due ON OR BEFORE THE 1ST 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.

____ The annual registration fee of \$35 per child due at the time of registration with a credit card and NON-REFUNDABLE.

____ 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 level.

____ If your child is absent for any reason: illness, vacation, or other events, we do NOT offer make-up classes. Tuition is not refunded or credited for any missed classes. NO EXCEPTIONS.

____ 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

