

**SPLASH SWIM SCHOOL, INC.
REGISTRATION FORM**

| |
|--------------------------|
| <i>(Office Use)</i> |
| RP ID: _____ Init: _____ |



| | |
|--|---|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Parent or Guardian Name: _____ | |
| Home Address: _____ | City: _____ State: _____ Zip: _____ |
| Home Phone: _____ | Cell Phone: _____ <input type="checkbox"/> Address Change |
| Email Address: _____ | |
| Student's Name: _____ | Availability (Days/Hours): _____ |
| DOB: _____ Ribbon Level: _____ | 2 nd Choice: _____ |
| <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ | 3 rd Choice: _____ |
| 2 nd Student's Name: _____ | 1 st Choice: _____ |
| DOB: _____ Ribbon Level: _____ | 2 nd Choice: _____ |
| <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ | 3 rd Choice: _____ |
| 3 rd Student's Name: _____ | 1 st Choice: _____ |
| DOB: _____ Ribbon Level: _____ | 2 nd Choice: _____ |
| <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ | 3 rd Choice: _____ |
| How did you hear about us? _____ | |
| Reasons for joining: <input type="checkbox"/> Year-Round Program <input type="checkbox"/> Indoor Facility <input type="checkbox"/> Teaching Philosophy <input type="checkbox"/> New/Moved to Area | |
| Has your child/children taken swim lessons before? If so, where? _____ | |

Emergency Contact Information:

| | |
|-------------------|---------------------|
| Name: _____ | Relationship: _____ |
| Home Phone: _____ | Cell Phone: _____ |

General Policies:

Teacher Requests: While we will take all teacher requests into consideration, we cannot guarantee them due to circumstances beyond our control. We also reserve the right to change teachers due to business considerations. Our aim is to provide the best possible swimming experience for all of our students.

Class Consolidation: At Splash Swim School, we specialize in small group lessons. In order to maintain the optimal learning environment, we reserve the right to cancel and reschedule classes that do not meet the minimum of two students.

Swim Diapers: All children under the age of three must wear a fitted, reusable swim diaper while swimming. These are available for purchase in the office. Plastic training pants or regular diapers are NOT allowed.

*Please attach your Payment Option Form and Agreement and Release of Liability and Consents to this completed Registration Form. Thank you.

**SPLASH SWIM SCHOOL, INC.
PAYMENT OPTION FORM**



Parent or Guardian Name: _____ Phone Number: _____

Student(s) Name(s): _____

Please select method of payment:

Automatic Debit from a BANK ACCOUNT

Name of Bank: _____ Account Number: _____

Routing Number: _____

By signing below, I authorize Splash Swim School to debit my Checking Savings account on a monthly basis in the amount of: \$ _____ for swim lessons. *If electing a checking account, please attach a voided check.*
(Applicable monthly fee)

Automatic Debit from a CREDIT CARD

Card Number: _____ Expiration Date: _____

Name as it Appears on the Card: _____ Same billing and mailing addresses?

By signing below, I authorize Splash Swim School to debit my Visa MasterCard American Express on a monthly basis in the amount of: \$ _____ for swim lessons.
(Applicable monthly fee)

Terms and Conditions of Payment:

Automatic debits shall be charged on the 1st business day of each month. In the event an Automatic Debit transaction is declined, you will be assessed a \$10.00 handling charge. Expect to pay these fees in full before your next lesson. Replacement transactions must be made in the form of cash, check, credit card or money order. The fee for a returned check is \$30.00.

Pro-rated tuition and the \$25.00 membership fee are due at the time of registration. Children will not be placed into classes until all fees have been paid. Tuition shall be prorated until the first automatic debit transaction. Membership fees are paid per student and are renewed annually. They are non-refundable.

We do not offer refunds, credits, or make-ups for missed classes, unless cancelled by Splash Swim School for reasons within its control. If such an instance does occur, we will apply a credit to your account which will be deducted from your next month's tuition.

If you wish to withdraw from your lessons, we require at least 30 days' notice in writing. Withdrawal forms are available at the front desk and will be processed from the date they are received.

Authorization:

By signing below, I authorize the automatic debit transactions as indicated above. I also acknowledge that I have read and agree to the Terms and Conditions of Payment set forth above, including but not limited to my obligation to provide Splash Swim School with 30 days' written notice in the event that I wish to withdraw my child/children from swim lessons.

Signature of the Parent or Guardian: _____ Date: _____

**SPLASH SWIM SCHOOL, INC.
AGREEMENT AND RELEASE OF LIABILITY AND CONSENTS**



Child's Name: _____ Second Child's Name: _____

Third Child's Name: _____

Agreement and Release of Liability:

The undersigned, who is either the parent or legal guardian of the above named child/children (the "Child"), on behalf of myself and the Child, acknowledge that I have voluntarily applied for the Child to participate in the swimming lessons offered by Splash Swim School, Inc. ("Splash Swim School"), at 2411 Old Crow Canyon Road, Unit S, San Ramon, California, 94583.

I AM AWARE THAT SWIM LESSONS ARE AN ACTIVITY THAT INVOLVES RISK. I AM VOLUNTARILY ALLOWING THE CHILD TO PARTICIPATE IN THESE SWIM LESSONS WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT, ON BEHALF OF MYSELF AND THE CHILD, ANY AND ALL RISKS OF INJURY OR DEATH TO THE CHILD.

As consideration for being permitted by Splash Swim School to participate in the swim lessons and use the related facilities, I hereby agree, on behalf of myself and the Child, that I, the Child, our assigns, our heirs, our guardians, and our legal representatives, will not make a claim against, sue, or attach the property of: (i) Splash Swim School, or its successors or assigns; or (ii) Splash Swim School's officers, directors, shareholders, employees, or agents, or their successors and assigns ((i) and (ii) shall be referred to as the "Released Parties"), on account of injury or damage resulting from the negligence or other acts, howsoever caused, as a result of the Child's participation in the swim lessons.

I, on behalf of myself and the Child, hereby release the Released Parties from all actions, claims and demands, that I, the child, our assignees, our heirs, our guardians, and our legal representatives now have, or may hereafter have, for injury or damage resulting from the child's participation in the swim lessons.

I, ON BEHALF OF MYSELF AND THE CHILD, HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT ON BEHALF OF THE CHILD AND OF MY OWN FREE WILL.

Consent for Emergency Medical Treatment:

I hereby give my consent to Splash Swim School, or its officers, directors, employees, or agents, to obtain all emergency medical or dental care prescribed by a duly licensed physician or dentist for the Child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the Child. In the event that the Child receives any treatment authorized by this consent, I agree to personally assume full financial responsibility for the costs associated with such treatment, and will promptly reimburse Splash Swim School, or its officers, directors, employees, or agents in the event that it and/or they incur costs relating to any such treatment provided to the Child.

The Child has the following allergies to medication: _____
(Attach additional sheets as necessary)

Photography/Videography Consent:

I hereby: (i) consent to the use for advertising purposes of any and all photographs and/or videos which may be taken of the Child at Splash Swim School; (ii) waive any right to inspect or approve the photographs and/or videos prior to their use; and (iii) waive any and all rights to compensation in connection with Splash Swim School's use of the photographs and/or videos for advertising.

By signing below, I agree to the entire contents of this Agreement and Release of Liability and Consents:

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____