

DOWNINGTOWN SWIM ACADEMY 2015-2016
REGISTRATION FORM

Please Print All Information.

SESSION (circle one): Fall I – Fall II – Winter I – Winter II – Spring

REQUESTED CLASS DAY (circle one): Tuesday – Thursday **TIME:** _____ .

FAMILY INFORMATION Parent/Guardian Name(s) _____

Home Phone _____ Cell _____
Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ If you do not wish to receive periodic newsletters from DSA and Aquatics Is, Inc, please check here

If someone else will be bringing your children to class, please provide their:

Name _____ Cell Phone _____

Emergency Contact Name _____

Relationship _____ Phone _____ Referred by _____

CHILD #1 INFORMATION

FirstName _____ Last _____ Gender ____ Birth _____

Date _____ School Grade _____

School _____

Disabilities _____

Allergies _____

Medications _____

Primary Doctor _____

CHILD #2 INFORMATION

FirstName _____ Last _____ Gender ____ Birth _____

Date _____ School Grade _____

School _____

Disabilities _____

Allergies _____

Medications _____

Primary Doctor _____

CHILD #3 INFORMATION

FirstName _____ Last _____ Gender ____ Birth _____

Date _____ School Grade _____

School _____
Disabilities _____
Allergies _____
Medications _____ Primary
Doctor _____

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Release of Liability

As the legal parent or guardian, I release and hold harmless AQUATICS IS, INC. its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of AQUATICS IS, INC., its owners and operators or in route to or from any of said premises.

Medical Emergencies: The undersigned gives permission to AQUATICS IS, INC., its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian.

Payment Information: Tuition is due in full at the time of registration. Payments can be made by credit card, check or cash on deck during the stated registration period. There is a \$25.00 returned check charge for any checks returned by the bank.

I understand that there are no refunds given for missed classes. If AQUATICS IS, INC. has to cancel a class (weather, emergency, etc.) your account will be credited for the next class and your next payment will be adjusted or a make up class will be arranged.

Policies: I have received a copy of AQUATICS IS, INC. Policies. I understand these policies and agree to abide by them.

Release - Media Recording: I, the undersigned, do hereby consent and agree that, Downingtown Swim Academy and Aquatics IS, Inc and its employees, or agents have the right to use photographs, videotape, or digital recordings of myself and my child(ren) _____ (names) to use these in any and all media, now or hereafter known, and exclusively for the purpose of marketing promotions. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release AQUATICS IS, INC. and its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me and/or above named, either for initial or subsequent transmission or playback. I also understand that Aquatics IS, Inc is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

SIGNATURE _____