



2020 CHILD INFORMATION FORM

Form with fields for Student's Last Name, First Name, Date of Birth, EMAIL ADDRESS, Street Address, City, Zip code, Primary Contact Phone Number, First Parent's Name, Cell Phone Number, Second Parent's Name, Cell Phone Number.

Please Read the following:

Program Payment and Billing: I understand that all class fees are due one week prior to the start of the scheduling process for the session. I understand if I enroll my child and/or children in the Adventure Sports Swim program or continue to into another session of swim lessons, my card will be charged at this time.

Refund Policy: I understand that if I cancel my child's swimming class prior to scheduling I am entitled to a full refund. If I cancel my child's swimming class after they are scheduled, but prior to the session starting I am entitled to a credit only!

Assumption of Risk/Liability Release

In consideration of your acceptance of (child's name) for enrollment in the Adventure Sports Swim Program, I, my heirs, executor and administrator agree to aware and understand that activities involving swimming are dangerous and involve risk of drowning, serious injury and/or death.

I expressly waive and release any and all claims against Adventure Sports Unlimited and its owners, managers, officers, employees, agents, affiliates, successors, and assigns (collectively, releases), on account of injury or death arising out of or attribute to my participation in the activities.

I hereby authorize any representatives of Adventure Sports Unlimited to have the participant treated in any medical emergency during his/her participation in the activities. Further, the (Child's Name) participant and/or parent/guardian agrees to pay all costs associated with medical care for and transportation of the

participant. I have notified Adventure Sports Unlimited of any medical/health problems of which the Adventure Sports Unlimited's staff should be aware prior to participating in the Swim Program.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT.

Participant(s) Name(s): _____

Signature of Parent or Guardian: _____

Date: ____ / ____ / ____

Print Name: _____