

Last Name: _____

Check if Receipt Requested

Samantha's Swimming Registration Form

3304 East 36th Avenue
Spokane, WA 99223
(509) 473-9475

Date Completed: _____

Referred by: _____

Participant's Name: _____ Birthdate: _____ Age: _____

Participant's Name: _____ Birthdate: _____ Age: _____

Parent/ Guardian: _____

Address: _____

Street

City, State, Zip Code

E-mail: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Medical Condition(s)/Allergies: _____

Enrollment (please circle which type of lesson swimmer is taking):

Private

Semi-Private

Group

Swim lesson history (include levels and facility): _____

Please describe the swimmer's strengths & weaknesses: _____

What do you hope your swimmer will gain at our facility? _____

I, the undersigned parent or legal guardian of a minor child under 18 years of age, consent to my child participating in Swimming Lessons with *Samantha's Swimming* and understand that my child will be engaging in physical activity during the Swim Lesson which contains an inherent risk of physical injury. I represent that my child is in good physical condition and is able to participate fully in Swim Lesson activities. I, for myself and my child, assume the risk and release and hold harmless *Samantha's Swimming*, including specifically all persons related to *Samantha's Swimming* from any and all liability for personal injury or property damage arising out of my child's participation in the Swim Lesson. I hereby grant permission for my child to attend *Samantha's Swimming* and to be treated by a licensed physician in the event of any injury, illness, or other mishap, and/or be transported to a medical facility for treatment. In such event, I agree to be responsible for any and all cost associated with such treatment. Please list any physical condition of which *Samantha's Swimming* officials should be aware on a separate sheet of paper and attach to this form. I understand that all payment is final and nonnegotiable. I hereby consent to and accept these risks for my child or myself. I further agree to hold harmless *Samantha's Swimming* from any and all claims, suits, losses or related injury of death/accident at 3304 East 36th Avenue, Spokane, WA 99223.

X _____ Date: _____

I have read/understand the above and have completed to the best of my ability.

Printed Name: _____

Updated 2017: No Show/Late Cancellation/Late Payment Fees/Cash Discount

Excuses cancellation:

- Child IN lesson has diarrhea or is vomiting
- Sudden physical injury has occurred
- Sudden fever or contagious illness is diagnosed
- Parent has an on-call emergency

For summer swimming lessons, no other reasons will be accepted to make up a cancelled lesson. What you decided on upon scheduling at the beginning of summer, is your schedule.

Why are we becoming so strict?

With over 200 people on our wait list it is not fair to keep postponing the schedule. When you cancel late, you cause a chain reaction between the instructor, other students and it interferes with the schedule. We are a business. Please respect the schedule as such.

Late payment fee

- 10% increase to the entire balance due added each week (Example: 2 private lesson payments are due (\$340 x 10%= \$34 late fee if paid after due date)).
- If your payment is due on a Tuesday, the next day the 10% increase is in effect.
- By the 3rd lesson if payment is not received you will be removed from the schedule.

Cash Discount

- \$5 per child
- ONLY accepted if paid on time! Otherwise, full payment is required.

Upon arrival, please sign the clipboard acknowledging that you read these terms and agree to them fully.

