

TELL US ABOUT YOURSELF				
Participant's Name:		Date of birth:		
Parent's Name:		Email: <small>(For progress updates, e-newsletters & school news)</small>		
Street Address:				
City	State	Zip Code	Home Telephone:	Cell Phone:
Emergency Contact: <small>(in case parent can't be reached)</small>		Home Telephone:		Cell Phone:

Medical History:

Is there any medical history or learning disability that we should be aware of that would help us in teaching your child?

YES NO If yes, please explain. You may also request a Special Abilities form from the sales staff.

Consent for Emergency Medical Treatment

In the event of a medical emergency, I, the undersigned Parent/Guardian of the above named participant, authorize SwimAmerica and its representatives to direct and/or order emergency medical treatment, and to employ any legally licensed physician or health care facility for the above named participant. I also agree that neither SwimAmerica, nor its representatives, is liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Photos

I also understand that photos are occasionally taken at SwimAmerica and that any photo taken of my child may be used for SwimAmerica purposes, including, but not limited to social media, website, print brochures or newspaper advertising for SwimAmerica.

Solicitation of Outside Employment

SwimAmerica does not endorse, recommend or facilitate any type of outside work between our families and our staff. Outside work includes, but is not limited to, babysitting, house sitting, pet sitting and lifeguarding private parties. We are confident that our staff is hired, trained and supervised to safely provide excellent services at SwimAmerica. We have no control over what happens outside our facility. Any outside work is at the staff member and family's own discretion and risk, and may not be discussed or arranged during the staff member's work time at SwimAmerica.

Release of Liability

In consideration of participation in any program, related event or activity at SwimAmerica, my signature below certifies that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my minor child's participation, as well as my own; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself or minor child from participation and bring such to the attention of SwimAmerica Davis immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SWIMAMERICA-DAVIS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owner and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, ILLNESS from any and all infectious disease, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Parent/Guardian Print Name _____
 Signature _____

Date _____



PAYMENT OPTION FORM

You must return a signed Payment Option Form before your first lesson.



RP# _____

www.swimamericadavis.com

2121 Second Street

(530) 759-1214

TELL US ABOUT YOUR FAMILY

Swimmer(s) Name(s): _____

Person financially responsible: _____

Telephone: _____

SELECT TYPE OF PAYMENT

Automatic Debit from CREDIT/DEBIT CARD

I authorize SwimAmerica to debit my Visa MasterCard Discover (last four digits on card _____) that expires _____ for any and all fees that we owe on a monthly basis for swimming lessons.

Automatic Debit from BANK ACCOUNT

I authorize SwimAmerica to debit my Checking: (last four digits) _____ Savings account: (last four digits) _____ for any and all fees that we owe on a monthly basis for swimming lessons.

THE FINE PRINT (PLEASE INITIAL)

_____ To withdraw from your lessons (and cancel automatic debits) a written notice is required and must be received no later than the 23rd of the month. Cancellation Forms are available at the Sales Desk or at www.swimamericadavis.com.

_____ All automatic debits will be charged on the last day of each month for the following month. Rates are prorated to reflect the total number of classes in the month. Your actual charges may be slightly higher or lower depending on the number of weeks in the month.

_____ Fees for the first full month and any prorated partial month are due before the first lesson. Swimmers may not start lessons until initial fees are paid.

_____ We reserve the right to cancel or consolidate classes.

_____ Coach changes may occur due to extraneous circumstances. Coach changes occur every 10 weeks due to academic calendar.

_____ You will be assessed a \$10.00 handling charge on a declined Automatic Debit transaction. You must pay these fees in full with cash, cashier's check, or money order before your next lesson.

_____ If transactions are returned three (3) times, your auto debit privileges will be canceled. The returned check fee is \$30.00.

_____ Makeups/Drop-in Practices: 1 per month, maximum 12 per year; absences must be reported to be eligible. Must be currently enrolled to use accumulated makeups/DIPs. DIP fees are \$5. No refunds or credits.

AUTHORIZATION

I have read and accept the general and financial policies as stated here. This authorization will remain effective until I submit a Cancellation Form, and SwimAmerica has had a reasonable period of time to act on that notice. I also authorize SwimAmerica to initiate deposits to correct any debit errors that may have been made. I authorize my financial institution to process these debits from and credits to my account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. My revocation of SwimAmerica's authority to initiate debits to my account will not affect SwimAmerica's right to initiate credits to my account to correct or adjust a debit processed before my Withdrawal request has become effective. SwimAmerica Davis agrees to notify families 30-days in advance of any rate change.

Only my signature is required to make this agreement effective.

Parent Signature _____

Date _____

Everyone whose signature is required to make this agreement effective has signed.

Other Required Signer (if necessary) _____

Date _____

Official Use Only:

Date: _____

Card or Bank Account on file matches DD Form

Date: _____

Waiver Completed

Date: _____

Scanned to General Manager

Employee Signature: _____