

Catch the Wave Swim Club, Inc.

Registration Form

Parent's Name _____

(Last)

(first)

Cell _____

Home Phone _____

Email _____ @ _____ . _____

Address _____

City _____ State _____ Zip _____

Student(s) name _____ dob _____

Student(s) name _____ dob _____

Student(s) name _____ dob _____

Student(s) name _____ dob _____

Emergency

Contact _____ Phone _____

How did you hear about our program? _____

PAYMENT INFORMATION: Credit Card Type (circle) Visa/MasterCard/ American Express/ Discover

Credit Card Number _____

Exp _____ / _____ Zip _____

Name on Card _____

I _____, authorize my credit/debit card to be billed by Catch the Wave Swim Club, Inc. for services provided to me. I understand that I am not bound by contract and that I can withdraw from the program at any time with no payment penalty. I authorize my card to be charged on the 1st of the month for each service I have purchased from Catch the Wave Swim Club Inc.

Signature _____ **Date** _____

Waiver and Release

I, _____ the enrolled participant and/or the parent or guardian of the participant understand and agree that swimming is a hazardous activity. I recognize that there is risk inherent in the sport of swimming, including but not limited to paralyzing injuries and death. The participant hereby agrees to participate in the swim class at his/her own risk and hereby agrees to indemnify and hold harmless Catch the Wave Swim Club, Inc., its officers, employees, facilities, partners, and swim lessons against any liability resulting from any injury that may occur to the participant while participating in the program. The participant(s) also agree to indemnify Catch the Wave Swim Club, Inc., and any of its officers, employees, facilities, partners, and swim lessons for any damages incurred arising from any claims, demands, action or cause of action by the participant. The participant authorizes and representative of Catch the Wave Swim Club, Inc., to have the participant treated in any medical emergency during their participation in the program. Further, the participant and / or parent/guardian agree to pay all the cost associated with medical care, treatment and transportation for the participant. I have noted on the back of this form any medical/health problems of which the staff should be aware. I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Signature _____ **Date** _____

Office use only-Swim Level _____ Day _____ Time _____ Start date _____

