



# Catch the Wave Swim Club, Inc. - Registration Form

PARENT'S NAME (Last) \_\_\_\_\_ (first) \_\_\_\_\_

Cell \_\_\_\_\_ Text Notification YES/NO \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Student name \_\_\_\_\_ dob \_\_\_\_\_

2. Student name \_\_\_\_\_ dob \_\_\_\_\_

3. Student name \_\_\_\_\_ dob \_\_\_\_\_

Please list any medical/health problems concerns on the back of this form.

How did you hear about our program? \_\_\_\_\_

### Credit Card authorization

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

I authorize my credit/debit card to be billed by Catch the Wave Swim Club Inc for the services and/or merchandise provided to me. I understand that I must give a **30 day notice to withdraw** from the swim program. No refunds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INSURANCE WAIVER/Make up Policy/Cancellation Policy/Check Policy

**Waiver and Release I, (NAME) \_\_\_\_\_** the enrolled participant and/or the parent or guardian of the participant understands and agrees 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, birthday party, open swim, at his/her own risk and hereby agrees to indemnify and hold harmless Catch the Wave Swim Club, Inc., its officers, employees, facilities, partners, birthday party, open swim, 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, birthday parties, open swim, 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. There are **no refunds**. All check payments will be due the **first of each month and paid 2 months in advance**. (\$5 late fee applied to all payments not received by the first of the month). **Make up policy:** All Make up lessons are scheduled the day off the makeup. I understand that I must give a **30 day notice to withdraw** from the swim program

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office use only Swim Level

Name. \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start date \_\_\_\_\_ Fee \_\_\_\_\_

Name. \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start date \_\_\_\_\_ Fee \_\_\_\_\_

Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Start date \_\_\_\_\_ Fee \_\_\_\_\_

Registration Fee \_\_\_\_\_ **TOTAL FEE \$ \_\_\_\_\_**

