

START Swimming LLC

(713)469-2503

P. O. Box 77241

Houston, TX 77241-1923

Summer 2017 Swim Lesson Registration Form

One Form per Family (page one only) – Please Print

Legal Last Name	Legal First Name	MI	Preferred Name	Birth Date	Current Age	M/F

Parent Names: / _____ / _____
Father's First and Last Name Mother's First and Last Name (if different)

Mailing Address: / _____
(Number and Street) (City and State) (Zip Code)

Day Phone: / _____ / Name of main contact and best number to reach: **Cell Phone:** _____

Parent Email Address: _____ 2nd Cell Phone: _____

Registration Date: _____ Preferred class time: _____ Preferred Days: _____

PROGRAM SELECTION

Session Date: _____

Check current level:

(put name if more than 1 child)

_____ Level 1– Has little or no experience, may have fear.

_____ Level 2 – Knows how to back float with help, can swim unassisted about 3 feet.

_____ Level 3– Can swim and breathe unassisted 20 feet or so, needs proper technique.

_____ Level 4 – Swims front crawl and backstroke well, ready for fly & breast.

_____ Level 5 – Has good technique of front and back crawl, working on breast and fly.

I have received, read and agree to follow policies and procedures regarding safety, communication, and tuition. I will not leave my child unattended during activities. Younger siblings will be kept away from pool during lessons and monitored closely.

Parent / Guardian: / _____ Date: / _____

.....
Instructor name: _____

Amount paid(check or cash): _____



START Swimming

STUDENT HISTORY FORM

One form per student

Student's Name: / _____
Last Name First Name Nickname

Date of Birth: / _____ Gender: / _____ Age: / _____

Parent's Names: / _____

Contact Information:

Home Phone: / _____ Name/Phone: _____
of main person bringing child to lessons

Father cell Phone: / _____ Mother's Cell: / _____

Main Email: / _____ Other contact _____
For use of class news, will not be shared

MEDICAL HISTORY

Taking Medication? _____
Name of medication Reason for medication

Has child ever had a seizure? _____ Date of last known seizure: _____

Special Needs? _____

Has child ever had traumatic experience in or around the water? _____

If yes, please explain: _____

Child's School: _____

Father's Occupation: _____

Mother's Occupation: _____



START Swimming Waiver

One form per student

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the START Swimming program, its related events and activities, I,

_____ the undersigned, acknowledge, appreciate and agree 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 this 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 participation: 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 from participation and bring such to the attention of the Company 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 START Swimming, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (swim lessons, water aerobics), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, 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.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Emergency phone: _____ Date signed _____

Ages 18 and older:

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
Participant's signature if age 18 or older

