


DISCOVER AQUATICS

SWIM SCHOOL



110 Delphi Rd NW Olympia, WA 98502
 Phone (360) 867-9283
 Fax Registration Form (360) 866-8639

Participants Name(s): _____ DOB _____
 _____ DOB _____
 _____ DOB _____
 _____ DOB _____

Parents/Guardians Names: _____

Address: _____
 City _____ State _____ Zip _____

Phones:
 Home (____) _____
 Cell (____) _____ Mom
 Cell (____) _____ Dad
 Work (____) _____ Mom/Dad Circle one(Must include Work Number)

Email Address: _____ ****Required****

Emergency Contact: _____ Emergency # :(____) _____

Please describe any traumatic experiences that the swimmer(s) may have had in or around water.

 _____ Please

describe any medical or physical conditions which the swimmer(s) has.

 _____ Please

mark all that apply.

- | | | | |
|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Heart disease/Heart attack | <input type="checkbox"/> Irregular heartbeat | <input type="checkbox"/> Muscle/joint | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bone fracture | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other | | |

Please explain any other characteristics or limitations that the instructor should know about the swimmer.

***** 7 DAY WRITTEN NOTICE IN ADVANCE OF LAST CLASS IS REQUIRED FOR ALL WITHDRAWALS. PLEASE READ POLICIES CAREFULLY! *** OVER →**

Waiver/Release of Liability Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I _____, the enrolled participant and/or the parent/guardian of the participant, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death. The participant hereby agrees to participate in the water activities and hereby agrees to indemnify and hold harmless Discover Aquatics, its coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swim lessons, open swim, lap swimming, water fitness, or other activities at Discover Aquatics. The participant also agrees to indemnify Discover Aquatics for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of Discover Aquatics to have the participant treated in any medical emergency during their participation in any water activity. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted any medical/health problems of which the staff should be aware.

Photo Release: I also understand that photos and/or video are occasionally taken during scheduled activities and lessons and that any photo taken of my child (ren) may be used by Discover Aquatics Swim School for publicity or training purposes. Initial: _____

Discover Aquatics Pool Policies:

REGISTRATION for swim lessons is confirmed with advance payment. There are **NO CASH OR CREDIT CARD REFUNDS**. A full **credit** on account will be applied if cancellation is done *1 week prior* to the start date. A *half credit* will be applied if done within a week of the start date. NO credit will be applied if canceled after the start date. **Initial:** _____

TUITION is due by NO LATER then the 1st lesson day of the new month. Failure to pay on time will result in additional late fee's and /or additional collection fee's. **Initial:** _____

MAKE-UP POLICY Please do your best to attend each lesson. For Group lessons we offer up to one free open swim pass & two make up for each two-month period for missed classes. Make ups may be scheduled 24 hours after you have missed your class. In the case that your child missed class due to illness please wait 72 hours symptom/fever free before you call to schedule your make up. **Private** swim classes – follow the above make up policy – however when 24 Hours advance notice must is given you receive a make-up class. All Make up/Swim passes will expire at time of withdrawal from lessons.

If Discover Aquatics needs to cancel lessons due to technical difficulties with the pool or inclement weather, we will schedule a make-up lesson. **Initial:** _____

WITHDRAWAL FROM CLASSES: We require a 7-day written notice 7 days in advance of your last lesson by filling out a withdrawal form. This form is available in the Front Office/Lobby Area. You will continue to be enrolled in class until you withdraw. **Initial:** _____

TEACHER REQUESTS are noted, but are NOT GUARANTEED. Every effort will be made to accommodate special requests, but occasions do arise when a student must be moved, an instructor is out or the class has not filled and must be consolidated with another. We will contact parents prior to permanent changes being made, at the phone number given at registration. **Initial:** _____

SICK SWIMMERS should stay at home. Please prevent spreading the illness any further, and wait until your child is better before bringing them to class. If your child has a fever or a contagious disease, please stay at home until the illness has subsided. If you are unsure, please consult your doctor.

If a closure occurs due to fecal contamination or vomiting in the pool there will be a \$250.00 charge applied to your account, please keep sick swimmers home. **Initial:** _____

PARENT TOT CLASSES: Children that are not potty trained must wear a **non-disposable** diaper while in the pool. (This can be purchased at Discover Aquatics. We have a wide variety of sizes and prints) **Initial:** _____

GROUP CLASSES with only one student in attendance will run for 20 minutes. **Initial:** _____

OBSERVATIONS can be done on the pool deck in the designated seated areas. **Initial:** _____

- **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, PHOTO RELEASE, AND POOL POLICIES. I SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

- Signed: _____ Date _____