



Swimmer Registration Form

WE MOVED! OUR NEW LOCATION IS 6894 E CLINTON FRESNO, CA 93727

Parent Information

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Mailing Address: _____

How did you hear about us? (Friend/Family/Social Media/Google) _____

Swimmer #1

First Name: _____

Last Name: _____

Age: _____ Circle: Male or Female

Birthday: _____

Prior Swim Lessons: Yes or No

When/ Where: _____

Ability: Non-swimmer/ Beginner/Strokes

Other info about your child: _____

Swimmer #2

First Name: _____

Last Name: _____

Age: _____ Circle: Male or Female

Birthday: _____

Prior Swim Lessons: Yes or No

When/ Where: _____

Ability: Non-swimmer/ Beginner/Strokes

Other info about your child: _____

Scheduling

APRIL 25 – AUGUST 4

9 AM - 7 PM

closed Memorial Day & 4th of July week

When are you available? Please be clear and flexible!

Months preferred 1. _____ 2. _____

Date Lessons to begin ON or AFTER _____

Indicate EARLIEST to LATEST block of time available each day:

Monday	Tuesday	Wednesday	Thursday

Dates not available: _____

Please schedule: 10 lessons 12 lessons 15 lessons _____ lessons

How many per week? _____ (Minimum of 2 lessons per week for beginners is recommended)

Policies: (please initial)

- Fill out registration form. Email picture to swellswimfresno@gmail.com. You will receive an email to confirm and accept schedule. _____ *initial*
- **WE MOVED! OUR NEW LOCATION IS 6894 E CLINTON FRESNO, CA 93727.**
(8 min north of our last location) _____ *initial*

- You will have 24 hours, after a schedule is emailed, to accept, make changes as needed, and make your payment. After 24 hours, your schedule may be removed to accommodate other swimmers.
_____ *initial*
- You will receive an emailed invoice where you can pay immediately online or send in a check. If you are sending a check, please be sure to let us know when it's in the mail. Your schedule will be confirmed as soon as we receive your payment. _____ *initial*
- AFTER you have accepted a schedule, to cancel or rearrange your schedule for any reason there will be a \$30.00 adjustment fee for each child each time you make a change. There will be a FULL CHARGE on all 'no show' lessons and/ or lessons cancelled after 9 AM on the day of the lesson.
_____ *initial*
- We do our absolute best to uphold swimmer's schedules. In the event of inclement weather or other unforeseeable circumstances, we may need to reschedule or refund affected lessons. _____ *initial*
- Please **do not feed** your child within 2 hours before the lesson. This is to prevent your child from having tummy aches & food come up with a burp. _____ *initial*
- Only reusable swim diapers allowed. _____ *initial*
- We may ask you to stay out of your child's view for the first lesson so your child can relate and bond to their teacher on a one-on-one basis, building trust, confidence, and love. _____ *initial*
- The best way to contribute to your child's swim lessons is by being positive and giving lots of praise! Even if there are tears, talk about swim lessons is a positive way and be excited about progress!
_____ *initial*

Liability Waiver

I, on behalf of myself and as the parent/legal guardian of the above swimmer, understand and acknowledge that there are risks inherent to the pool and sport-related activities conducted by Swell Swim School including, but not limited to, paralyzing injuries, brain injuries and death and that there are risk of injury or death that may result from, among other causes, the action or inaction of Swell Swim School, its owners, employees and/or agents, including negligent instruction, negligent operations, and dangerous or defective equipment owned or operated by Swell Swim School. I hereby assume any and all known and unknown risks of injury or death that may occur in connection with any and all Swell Swim School activities. I hereby release Swell Swim School and its owners, agents and employees from all liability to myself or my swimmer for any and all liability, claim, damages or demands for personal injury or death arising from or related to the activities conducted by Swell Swim School and at its facility. I agree that this release constitutes a complete release, discharge and waiver of any and all actions or causes of action against Swell Swim School (and its owners, agents and employees), arising in connection with any and all activities in which I or the swimmer participate related to the activities conducted by Swell Swim School or my or the swimmer's use of the facilities. To the extent permitted by law, I hereby agree to indemnify and hold harmless Swell Swim School (and its owners, agents and employees) from any and all liabilities or claims that may result from I or my child's participation at Swell Swim School.

Emergency Medical Authorization

In the event of a medical emergency I hereby grant authorization to Swell Swim School to employ any and all health care providers to direct/give or order emergency medical treatment for myself and/or the swimmer. I further agree that Swell Swim School shall not be liable under any circumstances to anyone for exercising and/or ordering emergency medical treatment for myself and/or the above swimmer.

Photo Release

I hereby waive any rights to privacy and unconditionally give my permission to allow my name, likeness or photograph, or that of the swimmer, to appear in any Swell Swim School promotional material and literature which may include, but would not be limited to brochures, flyers, press releases, newspapers, television or any other electronic media.

I have read and understand all policies, **including** the cancellation policy.

Sign _____ Date _____