



# South Sound Swim School

www.southsoundswimschool.com • (253) 709-1358

## STUDENT REGISTRATION

FILE: LAST

### SELECT ONE:

- New Student       Returning Student

### CLASS TYPE:

- Infant (Mommy/Daddy 'n Me)       School-Age       Special Needs  
 Preschool       Swim Team Prep      (see below)

### PARTICIPANT

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

### CONTACT INFORMATION

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**SPECIAL NEEDS OR CONCERNS** – If there are any physical, emotional, or developmental challenges we should be aware of (i.e. as a speech delay, learning disability, or fear of the water), please indicate that here. \_\_\_\_\_

**PHOTO RELEASE:** I give permission for my child to be pictured in marketing materials or social media.     yes     no

**REFERRALS:** How did you hear about South Sound Swim School? \_\_\_\_\_

FIRST

### **PAYMENT POLICY**

- Tuition is due the 1<sup>st</sup> of the month.
- A 5-day grace period is given.
- After the 5<sup>th</sup> of the month, a \$15 late fee is applied.
- A 2-week notice is required to stop lessons.
- Tuition is charged regardless of absence.
- No make-up lessons unless otherwise noted.

### **POOL RULES**

- Drive carefully and be aware of playful children.
- All siblings must remain with an adult at the poolside.
- Parents are responsible for their children at all times.
- Swim diapers required for those who are not potty-trained.

**I understand South Sound Swim School policies as outlined above.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **DISCLOSURE**

I am completely aware of the risks involved in participating in swim lessons at South Sound Swim School, located at Black Diamond Camps, 19830 SE 328th Place, Auburn, WA 98082. **BY SIGNING THIS REGISTRATION, I AGREE TO HOLD HARMLESS SOUTH SOUND SWIM, INC., ERICA WOODCOCK, AND BLACK DIAMOND CAMPS FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES AND LIABILITIES TO OR BY THIRD PARTIES ARISING FROM, RESULTING FROM, OR CONNECTED WITH THE PARTICIPATION IN SWIM INSTRUCTION. AS THE PARENT OR GUARDIAN OF THE REGISTERED CHILD, I GIVE MY FULL CONSENT FOR THE MINOR TO PARTICIPATE IN SWIM LESSONS AND UNDERSTAND THAT THE MINOR DOES THIS AT HIS OR HER OWN RISK.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_