

# ENROLLMENT AGREEMENT

Please read this page carefully. Initial each item, then sign and date at the bottom of the page.

\_\_\_\_\_ I have read and understand all the information in the All-Star Academy handbook and agree to follow all policies and procedures.

\_\_\_\_\_ I understand that I am, at all times, responsible for the child (children) that I bring to All-Star Academy of Danville located at 5800 Camino Tassajara.

\_\_\_\_\_ I understand that the registration fee, deposit, and lesson tuition are due at the first lesson of the program; following program payments are due according to your schedule provided.

\_\_\_\_\_ If I do not pay the tuition prior to or on the first day of the program, there will be a \$5.00 late fee added onto the next payment.

\_\_\_\_\_ I understand that All-Star Academy of Danville swim program does not offer make-up classes for missed lessons.

\_\_\_\_\_ If my child is not potty trained I will have them wear two layers of diapers, (1<sup>st</sup> layer a swim diaper or reusable swim diaper, and the 2<sup>nd</sup> layer a reusable swim diaper).

\_\_\_\_\_ I understand that when I enter All-Star Academy's property at 5800 Camino Tassajara I am to drive 1 mph and watch for children.

\_\_\_\_\_ I understand that there are **NO PETS OR ANIMALS** allowed on All-Star Academy's property (swim shack, parking lot, etc.)

Print: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant or Parent/Guardia

# CONTACT/EMERGENCY INFORMATION

Please print clearly.

Parent's printed names:		
Home phone:	Cell phone:	Work phone:
Address:		
City:	State:	Zip:
Email:		
<b>1<sup>st</sup> Student's Name:</b>		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about:		
<b>2<sup>nd</sup> Student's Name:</b>		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about:		
<b>3<sup>rd</sup> Student's Name:</b>		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about:		
<b>4<sup>th</sup> Student's Name:</b>		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about:		

## Emergency Information

Name:	Relationship:
Home phone:	Cell phone:

# All★Star Academy of Danville

## 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 swim program and hereby agrees to indemnify and hold harmless All-Star Academy of Danville, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swim program. The participant also agrees to indemnify All-Star Academy of Danville for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of All-Star Academy of Danville to have the participant treated in any medical emergency during their participation in swim lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care 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.**

Printed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_

# All★Star Academy of Danville

## PHOTO, VIDEO, DIGITAL RELEASE FOR MINOR CHILDREN

*PLEASE READ CAREFULLY BEFORE SIGNING.*

I, (print name) \_\_\_\_\_, parent or official guardian of

(child's legal name) \_\_\_\_\_

(child's legal name) \_\_\_\_\_

(child's legal name) \_\_\_\_\_

(child's legal name) \_\_\_\_\_

hereby grant permission to All-Star Academy of Danville to take and use: (check all that apply)

Photographs

Video clips

Digital images

of my child(ren) for use in promotional materials as follows:

Printed publications or materials

Electronic publications or presentations

Web site ( [www.allstardanville.com](http://www.allstardanville.com) )

I agree that my child's name and identity:

May be revealed in the following manner

May be revealed ONLY by first name, last initial and age as provided here,

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_.

May NOT BE revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address