

All★Star Swim School LLC

ENROLLMENT AGREEMENT

Please read this page carefully. Please **initial next to each item** and then sign and date at the bottom of the page. Please fill out and drop off or email to the office by your first day of lessons.

POLICIES & PROCEDURES

(Initials) I have read and understand all the information in the All-Star Swim School LLC's handbook and agree to follow all policies and procedures.

LIABILITY

(Initials) I understand that I am, at all times, responsible for the child (children) that I bring to All-Star Swim School LLC, located at 5800 Camino Tassajara.

BILLING & TUITION

(Initials) I understand that upon booking, I will pay an annual registration fee and will be added to a monthly billing cycle. I hereby authorize All-Star Swim School to charge my credit card on the 25th of each month. I understand that a 30-day advance written notice is required to cancel my child's lessons.

SCHEDULING

(Initials) I understand that All-Star Swim School LLC **does not** offer make up lessons, credits, or refunds if a child misses a lesson.

SWIM DIAPERS

(Initials) I understand that if my child is under 4 years of age, I will have them wear two layers of reusable swim diapers, regardless if they are potty trained.

SPEED LIMIT & SAFETY

(Initials) I understand that when I enter All-Star Swim School LLC's property at 5800 Camino Tassajara, I am to drive 1 mph and watch for children.

PETS

(Initials) I understand that there are **no pets or animals** allowed on All-Star Swim School LLC's property (swim shack, parking lot, etc.).

Print name: _____
(Participant or Parent/Guardian)

Date: _____

Signature: _____
(Participant or Parent/Guardian)

Date: _____

All★Star Swim School LLC

CONTACT/EMERGENCY INFORMATION

Parent #1 (Primary contact) Name:		
Home phone:	Cell phone:	Work phone:
Address:		
City:	State:	Zip:
Email:		
Parent #2 (Secondary contact) Name:		
Home phone:	Cell phone:	Work phone:
Email:		
1st Student's Name:		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about, please explain:		
2nd Student's Name:		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about, please explain:		
3rd Student's Name:		
Age:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical conditions or special needs we should know about, please explain:		

Emergency Information (Please list someone different than information above)

Name:	Relationship:
Home phone:	Cell phone:

All★Star Swim School LLC

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 release, indemnify, and hold harmless All-Star Swim School LLC, its former and current coaches, officers, directors, members, agents, and employees against any liability resulting from any property damage, injury, disability, and/or death (“DAMAGES”), INCLUDING DAMAGES CAUSED BY THE NEGLIGENCE OF ALL-STAR SWIM SCHOOL, LLC AND ITS FORMER AND CURRENT COACHES, OFFICERS, DIRECTORS, MEMBERS, AGENTS AND/OR EMPLOYEES, THAT MAY OCCUR TO THE PARTICIPANT WHILE PARTICIPATING IN THE SWIM PROGRAM, WITH THE EXCEPTION THAT THIS RELEASE, INDEMNITY, AND HOLD HARMLESS DOES NOT APPLY TO GROSS NEGLIGENT ACTS OR INTENTIONAL ACTS BY ALL-STAR SWIM SCHOOL, LLC. The participant also agrees to indemnify All-Star Swim School, LLC for any DAMAGES (including any reasonable attorneys’ fees) incurred arising from any claims, demands, actions, cause of action, or any other legal proceedings, by the participant and/or by the parent/guardian, and/or by a third party against All-Star Swim School, LLC. I also agree that any negligence on the part of All-Star Swim School, LLC in causing any DAMAGES, is intended to be as broad and inclusive as is permitted by the laws of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that this release, indemnity, and hold harmless applies to any of my assignees, heirs, distributees, transferees, guardians, legal representatives, and next of kin.

The participant and/or parent/legal guardian authorizes any representative of All-Star Swim School, LLC 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 Contact/Emergency Information 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 Swim School LC

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) _____

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

I hereby grant permission to All-Star Swim School LLC 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.allstarswimschool.com)

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

Name of Parent or Guardian

Date

Address

City and State

Zip Code

Email Address

Child's Name _____

Teacher _____

Parent Feedback: Child Information Sheet

Please take a moment to answer these questions about your child. We would like to ensure that our instructors have adequate information to tailor the swim lessons to meet the needs of each child and family. Thank you!

1. Has your child attended swim lessons prior to coming to All-Star? Yes No
 - a. If your child attended lesson prior to coming to All-Star, please give us positive or negative feedback on your child's progress.

2. What are you looking to get from these lessons? (Example: Water safety instruction, Proper swim techniques for swim team, just having fun in the water)

3. Is there anything that our instructor should know about your child that will assist All-Star in providing the most effective swim lesson?

4. Does your child have any medical conditions or special needs we should know about, please explain: