

CUSACK FAMILY SWIM SCHOOL, INC.

Registration & Liability Form

CHILDREN'S INFORMATION							
Last Name:		First Name:		Birth Date:			
Last Name:		First Name:		Birth Date:			
Last Name:		First Name:		Birth Date:			
PARENT'S INFORMATION							
Mom's Name:		Dad's Name:		Other:			
Mailing Address:		City:		State:		Zip:	
Home Phone:		Mom's Cell:		Dad's Cell:			
E-Mail:							
POLICIES & PROCEDURES							
<p>Deposit: A deposit of half the class fee plus a \$20 per family annual registration fee is required to hold your class space until Day 1 of the lesson, at which time any remaining balance is due. If no deposit is made within 48 hours of registering for a lesson, the student will be deleted from the time slot. Full payment must be received at the start of the session. Please mail checks to: 7905 Castine Drive, McKinney, TX 75071 Payable to Cusack Family Swim School Please Initial</p>							
<p>Refunds: No refunds will be given. Once we have reserved a time slot for you, that spot is considered "sold" and is no longer marketable. Please feel free to give your child's time slot to a family member or friend. It is your paid slot. When scheduling lessons, it is your responsibility to make sure that vacation, appointments, and health concerns do not interfere with the lessons for which you have enrolled. Please initial</p>							
<p>Student Absences (Make-Up Policy): We will make every effort to fairly handle absences due to a child's serious illness. We feel that missing a lesson due to the occasional cold, stomachache, fever, naps, doctor appointments, vacations, or simply forgetting the lesson are <u>the sole responsibility of the parent</u>. Please feel free to give your child's time slot to a family member or friend. It is your paid slot. Please initial</p>							
RELEVANT MEDICAL HISTORY							
Please list any relevant medical history of your child and discuss this with your instructor prior to the first class:							
PHOTOGRAPH RELEASE							
I agree to allow Cusack Family Swim School, Inc. to use for promotional purposes (e.g. posters, brochures, advertisements) any photographs taken of my child(ren) at the swim school.							
Parent or Guardian Signature						Date:	
LIABILITY RELEASE							
<p>I, the undersigned, as the parent or legal guardian agree to allow my child(ren) to participate in swimming lessons with Cusack Family Swim School, Inc. and irrevocably and unconditionally, without limitation, release Cusack Family Swim School, Inc. and its subsidiaries, divisions, affiliates, shareholders, officers, and employees (collectively, the "Company and its Representatives") from all claims, causes of action, or any other demands, which I, or my child, ever had, may have now or have at any time in the future, caused by, or arising out of, any alleged duty, obligation, liability, act or omission of the Company and/or its Representatives which has arisen or may arise hereafter or may be in any way connected with or related to activities occurring while my child is participating in swimming lessons at Cusack Family Swim School, Inc. at 7905 Castine Drive, McKinney, TX 75071 and/or that may occur as a result of the use of any of the area.</p> <p>I agree to indemnify and hold harmless the Company and its Representatives from and against any and all actual or threatened losses, liabilities (including liability for personal injury or death), claims, damages, obligations, additional payments, costs and expenses, however caused and on any theory of liability, whether brought directly, derivatively, in contract, strict liability, statutory liability, common law liability, or tort arising out of, or relating to, my child(ren)'s participation in the swimming lessons provided by Cusack Family Swim School, Inc.</p> <p>I have noted on this form all medical problems of my child(ren) and a detailed history of these problems. If my child has known medical problems of a significant medical history, I have contacted my child's physician and I have received written medical permission, a copy of which I have provided to Cusack Family Swim School, Inc., in order for my child to participate in swimming lessons.</p> <p>I understand and agree that my child must always be under the supervision of a qualified adult at any time he/she is near or around water. Additionally, I understand and agree that the lessons provided by Cusack Family Swim School, Inc. do not imply or make any guarantee whatsoever of the water safety of my child(ren) and his/her ability to swim.</p> <p>By signing below, I attest that I have read and understand this release form in its entirety, and agree to all the terms and conditions set forth within.</p>							
Parent or Guardian Signature						Date:	