

Child's Last Name	First	Date of Birth	Age	Sex
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Child's Last Name	First	Date of Birth	Age	Sex
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Email Address

Alternate Email Address

Home Address - Street	City	State	Zip
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Please check whom to contact first

( ) Contact father

Name	Phone	Phone
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( ) Contact mother

Name	Phone	Phone
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Medical History

List, if any, medical history (allergies, special needs, etc.) that we should be aware of that would help us in working with your child:

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Preferred Hospital	Family Doctor Name	Phone
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**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the DeMont Family Swim School, LLC ("DeMont"), and its representatives, officers, agents and employees to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither DeMont nor any of its representatives, officers, agents and employees shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency, or perceived emergency.

**INFORMED CONSENT AND WAIVER/RELEASE**

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this form in consideration of the request and permission of my son(s)/daughter(s) to participate in the DeMont programs, including, but not limited to Swim Lessons and Swim Squads/Teams, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge DeMont, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, or any related activity of my son's/daughter's participation in the aforementioned program and occurring before, during, or after said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of DeMont, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the DeMont Family Swim School including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in the DeMont programs.

**PHOTOS**

I also understand that Photos are occasionally taken at DeMont Family Swim School and that any photo taken of my child(ren) may be used for DeMont publicity purposes.

I have read and understand, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

A 30 day written notice for cancellations is required.