



### DFSS REGISTRATION FORM

Parent or Guardian Name(s): \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Preferred E-mail Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#### EMERGENCY CONTACTS

Emergency Contact #1: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### MEDICAL HISTORY/SPECIAL NEEDS

Does your child have an IEP (Individual Education Plan) at his/her school? Y\_\_\_\_N\_\_\_\_ If yes, please give us related information (below) so that our instructors can best serve your child. In addition, please list medical history (allergies, physical needs/issues, etc.):

\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Family Doctor Name: \_\_\_\_\_

#### 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 to 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





**REFERRAL SOURCE**

How did you hear about us? (Ex. Google search, Children’s magazine, a friend?) \_\_\_\_\_ (if a friend, they will receive a \$40 referral credit on their account!)

**POLICIES**

**I have received a copy of the DeMont Family Swim School Policies and agree to the following: (Please initial below)**

- \_\_\_\_\_ Make-up policy: Each child may have one make-up per calendar month. Make-ups expire at the end of each month.
- \_\_\_\_\_ Withdrawal policy: A 30 day written notice is required for withdrawal from lessons. No Refunds.
- \_\_\_\_\_ Monthly Fees: Each swimmer will be charged \$79.60/month for any month that he/she receives 4 or more swim lessons. If we are closed and your swimmer is receiving **less** than 4 lessons, we will prorate your lessons.
- \_\_\_\_\_ Changing Rooms: I will not reserve changing rooms. (Thank you!! ☺)

**PAYMENTS BY AUTOMATIC DEBIT**

**DeMont Family Swim School is PCI compliant:** The Payment Card Industry Data Security Standard is a set of requirements designed to ensure that **ALL** companies that **process, store or transmit** credit card information maintain a secure environment. Your card is vaulted and we are unable to read the card number once it has been entered into our system.

**DeMont Family Swim School will destroy the card number below once it is entered into our secure payment processing system in order to be compliant with the new credit card processing regulations.**

**Initial Please**

- \_\_\_\_\_ I authorize DeMont Family Swim School to charge my credit/debit card on a monthly basis for swim lessons. Charges will occur on the 23rd of each month for the following month's payment.
- \_\_\_\_\_ I understand I have the option of making monthly payments by making a full payment for the next month’s lessons before the 23rd of the month. If payment has not been made before the 23rd of the month, my credit/debit card will be charged.
- \_\_\_\_\_ 30 day withdrawal notice required. No refunds.

I have read and accept the payment policy stated here. I understand that by signing this authorization, I am entering into an agreement with DeMont Family Swim School.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Be as comfortable in water as you are on land.**

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**Credit Card/Debit Card**     Visa     MC     American Express     Discover

Credit/Debit Card #: \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_