



## REGISTRATION FORM

Family Info	—
Membership Type	—
Credit Card	—
Start Date	—
Constant Contact	—

Family Last Name		Today's Date	
Parent Name		Home Address	
		City and Zip Code	
Home Phone:		E-mail Address	
Cell Phone:			
1st Swimmer's Name (include last if different)		Gender	Date of Birth
2nd Swimmer's Name (include last if different)		Gender	Date of Birth
3 <sup>rd</sup> Swimmer's Name (include last if different)		Gender	Date of Birth
Anything you would like to share about your child's personality or learning style?  1 <sup>st</sup> Child:  2 <sup>nd</sup> Child:  3 <sup>rd</sup> Child:			
Do any of your children have a pre-existing medical condition or are they under the care of a physician? If yes, please explain in detail. If necessary, a doctor's note may be required.			
How did you hear about Swim to Shore?			

### **PHOTOS:**

**I understand that photos are occasionally taken at Swim to Shore and that any photo taken of my child/children during lessons may be used for publicity purposes such as advertisements, website, brochures, press releases, Facebook and/or YouTube etc. I understand that my child's first name, could be used on Facebook however, their last name will never be disclosed at any time.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**RELEASE OF LIABILITY -- READ BEFORE SIGNING**

As a participant in Swim to Shore's program, its related events and activities, I,  
\_\_\_\_\_, (parent signature) the undersigned and parents of  
\_\_\_\_\_ (child/s name) acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Swim to Shore immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Swim to Shore, their officers, employees, other participants, owners and lessors of premises used for the activity ("Releasees"), with respect to any and all disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT , FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

x \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE (IF OVER 18 YEARS OF AGE)

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

x \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT SIGNATURE

EMERG. PHONE # \_\_\_\_\_



## **AUTHORIZATION FOR AUTOMATIC PAYMENT**

If you would like to enroll in automatic billing, please sign and return with your enrollment packet.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student Name/s

### **Monthly Tuition Debit Request from CREDIT CARD/DEBIT CARD**

I authorize Swim to Shore to debit my credit card account on a monthly basis for swim lessons. I understand by signing this authorization, I am entering an agreement with Swim to Shore. Monthly Tuition debits will be charged to my credit card on the first of the month.

\_\_\_\_\_  
Card Number

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

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

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

\_\_\_\_\_  
Billing Address

\$ \_\_\_\_\_

Total amount withdrawn monthly

\_\_\_\_\_  
**Authorized Signature of Card Holder**

We require a 30 day advance notice to withdraw from classes. Withdrawal forms are available at the front desk.

**25395 Madison Avenue Suite D-101, Murrieta, CA 92562**