

# VAIL SWIM SCHOOL LLC

## SWIM LESSONS REGISTRATION FORM

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### General Policies, Procedures & Liability

**Use the TAB KEY to fill in blanks**

<b>CHILDREN'S INFORMATION</b>									
Last Name:			First Name:			Birth Date:			
Last Name:			First Name:			Birth Date:			
Last Name:			First Name:			Birth Date:			
<b>PARENT'S INFORMATION</b>									
Mom's Name:			Dad's Name:			Other:			
Mailing Address:				City:		State:		Zip	
Primary Phone:			Secondary Phone:			Alternate Phone:			
E-Mail:				E-Mail:					
<b>POLICIES &amp; PROCEDURES</b>									
<p><b>Payment:</b> Your full payment plus a \$15 per family registration fee is required to hold your class space. Payment must be received within 48 hours of signing up to save the time slot. Please mail checks to PO Box 1359 Avon, CO 81620</p> <p><b>Please Initial</b></p>									
<p><b>Refunds:</b> 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.</p> <p><b>Please initial</b></p>									
<p><b>Student Absences (Make-Up Policy):</b> 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 the sole responsibility of the parent. Please feel free to give your child's time slot to a family member or friend. It is your paid slot.</p> <p><b>Please initial</b></p>									
<b>RELEVANT MEDICAL HISTORY</b>									
Please list any relevant medical history of your child and discuss this with your instructor prior to the first class:									
<b>PHOTOGRAPH RELEASE</b>									
I agree to allow Vail Swim School to use for promotional purposes (e.g. posters, brochures, advertisements) any photographs taken of my child at the swim school.									
<b>Parent or Guardian Signature</b>						<b>Date:</b>			
<b>LIABILITY RELEASE</b>									
<p>I agree to allow my child to participate in swimming lessons with Vail Swim School LLC and release Avon Rec. Center, Eagle-Vail Pool and Vail Swim School LLC from all claims, causes of action, or any other demands, which I, or my child may have now or have at any time in the future, for any injury, loss, or any other claim that may occur while my child is participating in swimming lessons at Avon Rec. Center 325 Benchmark Rd. Avon, CO 81620 and/or Eagle-Vail Pool 99 Eagle Dr., Avon, CO and/or that may occur as a result of the use of any of the swimming facilities.</p> <p>I agree to indemnify and hold harmless the above mentioned, Avon Rec. Center &amp; Eagle-Vail Pool against any and all liability for personal injury resulting from participation in the swimming lessons provided by Vail Swim School LLC or the use of the Avon Rec. Center facilities or Eagle-Vail Pool. I have noted on this form all medical problems of my child 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 Vail Swim School LLC 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 any time he/she is near or around water. Additionally, I understand and agree that the lessons provided by Vail Swim School LLC do not imply or make any guarantee whatsoever of the water safety of my child and his/her ability to swim.</p> <p><b>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.</b></p>									
<b>Parent or Guardian Signature</b>						<b>Date:</b>			