



All Star Swim Academy
Informed Consent and Waiver Form

Child's Name: Last _____ First _____ Date of Birth _____
Age _____ Gender _____

Additional Child: Last _____ First _____ Date of Birth _____
Age _____ Gender _____

Parent Name #1: _____ Parent Name #2 _____

Home address: Street _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

Email Address: _____ How did you hear about us?: _____

Please check whom to contact first in the case of an emergency:

1) Contact: Name _____ Relation _____ Phone _____

Medical History

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

Preferred Hospital _____ Family Doctor _____ Phone _____

Informed Consent and Waiver/Release

The enrolled participant and/or the Parent/guardian of the participant agrees and understands that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in swim lessons and hereby agrees to indemnify and hold harmless All Star Swim Academy LLC, its coaches, officers, directors, agents, employees, and Fae Brandhagen and Katrina Brandhagen individually. The participant also agrees to indemnify All Star Swim Academy LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of All Star Swim Academy LLC to have the participant treated in any medical emergency during their participation in swim lessons. Further, the participants and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

Policies and Procedures

_____ (Initial) I have read, understand and received a copy of All Star Swim Academy's policies and procedures.

Photos

_____ (Initial) I also understand that Photos are occasionally taken at All Star facilities and that any photo taken of my child(ren) may be used for All Star's publicity purposes.

I have read and understood, 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 _____