



Sea Star Swimschool's CAMP

DATE _____

Child's Name _____

Nickname _____

Date of Birth _____ Sex _____ Age _____

Child's Name _____

Nickname _____

Date of Birth _____ Sex _____ Age _____

Mother's Name _____

Mother's Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Email _____

Father's Name _____

Father's Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Email _____

Pick up Authorization and Emergency Contact information

The following have my/our permission to pick up the above named child in the event that the parent is unable to and/or Sea Star is unable to contact the parent(s) or guardian(s) listed:

Name _____

LIABILITY WAIVER & RELEASE

I give my child _____ my permission to participate at CAMP FRIDAY, the supervised, organized activity sponsored by STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL. I understand and am aware that such activity involves a risk of injury and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury from my child's participation in this activity. I do hereby and forever discharge, release, indemnify and hold harmless STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL, including its employees and owners for and on behalf of myself and my minor child and our respective heirs, successors and assigns, from any and all liability, rights of action, causes of action, losses, claims, demands, costs and expenses for damages and or personal injury that may arise in conjunction with my child's participation in this activity.

Signature of Parent of Guardian _____

Date _____

Personal Property: I understand that any items my child brings to SEA STAR SWIMSCHOOL CAMP FRIDAY, including but not limited to camera, MP3 player, cell phone, other personal electronics, jewelry, clothes, blankets, pillows, games, are the responsibility of my child, and STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL is in no way responsible for lost, missing, stolen, or damaged items.

Signature of parent/guardian _____ Date _____

Medical Information

Child's Name _____
DOB _____

Child's Physician _____ Office/Clinic
Phone _____

MEDICAL ALERT: Known Medical Conditions Affecting My Child (diabetes, allergies, asthma, etc...)_ _____

Medical Authorization and Permission to Treat

I/We hereby grant STARFISH SWIM SCHOOL, LLP, Inc. and SEA STAR SWIMSCHOOL to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. I/We understand that, consistent with the circumstances of the situation and available time, STARFISH SWIM SCHOOL, LLP, Inc. and SEA STAR SWIMSCHOOL will make every effort to contact and follow the instructions of the parent or legal guardian, physician, or other person designated by me/us. In the event that STARFISH SWIM SCHOOL, LLP, Inc. and SEA STAR SWIMSCHOOL is unable to contact the parent or guardian, physician, or other persons listed, I/We hereby grant permission to STARFISH SWIM SCHOOL, LLP, Inc. and SEA STAR SWIMSCHOOL to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I/We hereby agree that I/We will be solely responsible for and will pay promptly any expenses which may be incurred by STARFISH SWIM SCHOOL, LLP, Inc. and SEA STAR SWIMSCHOOL in making emergency medical treatment to the

WAIVER/ Authorization

As the legal guardian of my designated child. I hereby consent to my child participating in this facility's programs(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including tumble tramp, trampoline, cheerleading, stunting, pyramids, dance, and physical activity in general. I understand that it is the express intent of all staff and personnel to provide the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby CONVENT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my child during instruction, supervision, and/or control during any and all extra activities. Having been informed of the activities to be conducted at STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL in the program in which I am enrolling the named participant, including but not limited to trampoline, tumbling, outside activities, I, parent or guardian of the child, give my approval for this (these) party's (parties') participation in any and all activities of the program. I am aware that any athletic activity involving height and motion, such as gymnastics, exercise, dance, and similar athletic programs involves a risk of accidental injury despite all safety precautions. I have informed STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL of all limitations on the activities in which my participant is permitted to engage as well as any physical or medical conditions involving my participant. I assume all risks and hazards incidental to the program. I further release from any responsibility and agree to indemnify and hold harmless STARFISH SWIM, LLP, Inc. and SEA STAR SWIMSCHOOL, its owners, coaches, and employees from any illness or injury of the party (parties) occurred during the program. STARFISH SWIM LLP, Inc. and SEA STAR SWIMSCHOOL reserve the right to remove from program(s) or group activities any student whose conduct or actions are dangerous to himself or others involved in the program(s). STARFISH, LLP, Inc. and SEA STAR SWIMSCHOOL have my permission to use my child's photograph(s) for internal and or external marketing purposes without reimbursement.

Signature of parent/guardian _____ Date _____

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through his facility that (i) any credit card or bank account draft (ACH draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties. I understand that the CAMP FRIDAY payment is NON-REFUNDABLE and/or NON-TRANSFERABLE.

Signature of parent/guardian _____ Date _____

I understand that I am subject to being charged an additional fee on top of the CAMP FRIDAY cost if I do not pick up my child at the scheduled time of MIDNIGHT. I authorize STARFISH, LLP, Inc. and SEA STAR SWIMSCHOOL to charge this extra fee, if applicable, to my ACH draft, or credit card account on file. I understand that the fees are as follows: **There will be \$20 late fee (per child) for any child picked up after midnight, plus \$1/min (per child).**

Signature of parent/guardian _____ Date _____

I expressly warrant and represent that I am the legal guardian of (child's name) _____ on whose behalf I am completing this registration, and have full legal authority to agree to the terms contained in this Waiver and Release of Liability. I understand that I am giving permission to participate in all activities, including but not limited to games, arts and crafts, physical movement to the above named child.