



Super Swimmers Academy Registration

Miss Sarah
314-989-0901

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PLEASE PRINT ALL INFORMATION

SWIMMER INFORMATION			
NAME (First, Last)	DOB	AGE	CHILD'S EXPERIENCE IN WATER
1.			
2.			
3.			
4.			

FAMILY CONTACT INFORMATION		
Parent/ Guardian Name(s)		
Mailing address		Email address
Home Phone	Cell Phone	Preferred call method: ___ Home ___ Cell
How did you hear about Super Swimmers Academy?		

EMERGENCY CONTACT INFORMATION		
Name		Relationship
Home Phone	Cell Phone	Preferred call method: ___ Home ___ Cell

PERSONAL INFORMATION: Please specify for each child. All information is confidential.
Instructional information: a) How my child learns best; b) Instructional modifications; c) Fears or prior scary experiences that may affect child's swim lesson.
Emergency Medical Information: Serious illness, injury, operation or disability which would require instructional modifications and or special attention; Allergies that may require immediate attention (allergy to bee stings).

SCHEDULE AVAILABILITY
Please list day/time ranges you are available for lessons:

Mail completed forms and full payment to: **Super Swimmers Academy, P.O. Box 410554, St. Louis, MO 63141**

SUPER SWIMMERS ACADEMY: CONSENT FORM & WAIVER

Informed Consent

As used throughout this document and in each of the sections below "Super Swimmers Academy" means Sarah J. Marx, her teachers, officers, directors, agents, employees and all other individuals, organizations and entities associated with them including those operating the facility in which such lessons are held. I have voluntarily enrolled the student(s) listed below to participate in swimming lessons offered by Super Swimmers Academy with knowledge of the inherent risks involved. I UNDERSTAND THE INHERENT RISKS involved in participating in swimming lessons and that such participation could result in severe injury, including but not limited to head injury, illness from all infectious diseases or virus' including but NOT limited to COVID-19, paralysis or even death.

I have read the above and agree. Parent/Guardian Initials _____

Release of Liability

I agree to waive, release, discharge and hold harmless Super Swimmers Academy (as defined above) and (name & address of facility with pool) _____ and/or at the home of: _____ Address _____ from any and all liabilities, claims and damages, costs, expenses, attorney's fees, and actions of any kind and nature, for any and all injuries or death that may occur arising out of my and/or my child's participation in swimming lessons with Super Swimmers Academy or any other activity while on the premises of any pool used by Super Swimmers Academy of me, my spouse or partner(if any), my child(ren) and/or anyone who make(s) a claim on my behalf and/or their own behalf.

I have read the above and agree. Parent/Guardian Initials _____

Consent For Emergency Medical Treatment

If I or my child(ren) need(s) medical treatment due to an accident, injury or other reason while participating in swim lessons with Super Swimmers Academy, and I am not present or able to make such decisions, I authorize Super Swimmers Academy to take whatever action is necessary to care for my child(ren) and to arrange for my or my child's or children's emergency medical treatment. I agree that I am responsible for all costs incurred due to medical or dental treatment for myself and my child(ren) as deemed necessary by the health care provider selected. In the event of emergency, I prefer that you take me and or my child/ren to:
Name of hospital: _____, if practicable.

I have read the above and agree. Parent/Guardian Initials _____

Photo or Video for Promotional Purposes

Please indicate YOUR CHOICE with a check mark.

____ I GIVE MY PERMISSION for my child's picture and or video to be taken and used for promotion by or for Super Swimmers Academy.

____ I DO NOT GIVE MY PERMISSION for my child's picture and or video to be taken and used for promotion by or for Super Swimmers Academy.

I HAVE CAREFULLY READ THE ABOVE CONSENT FORM & WAIVER AND SIGN IT WITH FULL KNOWLEDGE OF AND ITS CONTENTS AND SIGNIFICANCE.

Please print the names of the students for whom this liability & waiver apply.

1. _____

3. _____

2. _____

4. _____

Signature of Parent or Guardian

Date