**REGISTRATION FORM**

Please send this completed sheet, Minor Waiver, and Emergency Treatment form to:

Katharine Allen

4242 Creek Manor Cove

Memphis TN 38125

Or email them to me at: [Katswim1@gmail.com](mailto:Katswim1@gmail.com)

*You must send registration forms and payment to me 2 weeks before class starts, in order for me to hold your spot.*

*You will be able to pay for your session online using Venmo. (If you want to sign up right before a class starts, contact me for a spot, I would love to be able to fit you in!)*

In the space below, please fill in your first session date and time and your second session date choice if you want to take more than one session.

Your name: E Mail:

Cell Phone: Home Phone:

Mailing Address:

|  |  |  |
| --- | --- | --- |
| Participant's Name (First and Last) | Session date  (List session number) | Session Time |
| 1. |  |  |
| 2. |  |  |

Name of Anyone else who transports your child to lessons:

Cell Number:

CAN YOUR CHILD HAVE ANIMAL CRACKERS?

DO YOU WANT ME TO GIVE BENADRYL TO YOUR CHILD IF HE OR SHE IS STUNG?

Yes or No (Circle one)

Child’s Diagnosis (if they have one)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bring**: Please bring your child already dressed in their swim suit and flip flops that they can get off and on themselves. They need a towel and goggles with their name written on the strap. **Goggles are a requirement.**

**Drop of and Pick up**: Parents do not stay during lessons. **Please drop off 5-10 minutes before lessons. I will need you to get them out of your car and walk them to one of the seats that we will have set up for your swimmer. When you pick them up, please walk them to the car.**  To make sure we are keeping everyone as healthy as possible, **We will also be taking their temperature when you bring them to lessons every day.** Due to the high volume of children, when you pick them up, please do not change your child in the drive though line.

**Make Up Lesson Policy:** I only make up lessons if your child gets sick or injured and has a doctor’s note or there is a family emergency. Unfortunately, I am unable make up lessons for vacation, birthday parties or sporting events. Due to the number of lesson and children involved I have to hold to this policy. Thank you for understanding.

**Refunds**:

**Notice given to me before the first day of child's lessons & refund amount given**

**\*14 or more days : 90% refund**

**\*7-13 days : 50% given**

**\* less than 7 days and no shows: No refund**

**Last day of Lessons**: We would love for you to come and watch your child on Thursday for the last 15 minutes of the lesson. But this summer I am going to figure out how to do this safely. I will let you know how this can work before your session.

I recognize that swimming is a sport and that my son or daughter could be injured. I have filled in the medical information form and the minor participation and waiver form.

I have executed the Minor Participation Form and promise not to bring any claim against or attempt to hold Katharine Allen or her helpers or the premises owner liable for any and all injuries or illness, known or unknown, including illness COVID-19 or death which my child has or may incur by participating in swimming lessons.

I further certify that in signing this form, I authorize Katharine Allen to administer first aid, contact my family physician for treatment, call for emergency treatment, and/or to transport my child to a medical facility for treatment.

Parent's Signature: Date:

**Minor Waiver/Release**

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING**

IN CONSIDERATION OF , my child/ward, being allowed to participate in any way in swim lessons offered by Katharine Allen and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for illness, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Katharine Allen, her agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and the owners and leasees of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent per- mitted 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.

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:

To All Parents:

**Emergency Treatment Form**

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent’s consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Katharine Allen, this will allow the hospital to treat the injury.

Name: Sport: Swimming Lessons Sex: M F Grade: Age: Date of Birth: / /

Parents’

Names: Phone Numbers:

Home Address: Another Person to Contact:

Relationship:

Phone Numbers: Insurance Name:

Policy and Group Numbers:

**ALLERGIES:**

Consent Statement: Authorizing Treatment

Parent’s Signature: Student’s Signature (if over age 18) Any other information necessary for care PARENT’S CONSENT

Signature: Date:

***Photo Release Form***

# Katharine Allen Katswim.com

**7488 Links View Lane S.**

**Permission to Use Photograph**

**Subject: Katharine Allen Swim Instructor Location:**

**I grant to Katharine Allen, her representatives, business entities and employees the right to take photographs of me and/or my children and my property in connection with the above-identified subject. I authorize Katharine Allen, her assigns and transferees to copyright, use and publish the same in print**

**and/or electronically.**

**I agree that Katharine Allen, her assigns, and transferees may use such photographs of me with or without my name and for any lawful purpose,**

**including for example such purposes as publicity, illustration, advertising, and Web content.**

**I have read and understand the above: Signature Printed names (Parent and Child(ren)**

## Organization Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

**Date**

**Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under age 18)**