



Child's Last Name	First Name	Date of Birth	Age	Sex
-------------------	------------	---------------	-----	-----

Child's Last Name	First Name	Date of Birth	Age	Sex
-------------------	------------	---------------	-----	-----

Child's Last Name	First Name	Date of Birth	Age	Sex
-------------------	------------	---------------	-----	-----

Home Street Address	City	State	Zip Code
---------------------	------	-------	----------

Mother/ Guardian's Last & First Name	Home Phone	Work Phone	Cell Phone
--------------------------------------	------------	------------	------------

Father/ Guardian's Last & First Name	Home Phone	Work Phone	Cell Phone
--------------------------------------	------------	------------	------------

Parent/ Guardian's Email Address	(Please list an active email in order to receive photos and changes)
----------------------------------	--

Emergency Contact Information- Name	Relationship to Child	Phone Numbers
-------------------------------------	-----------------------	---------------

Preferred Hospital	Family Doctor Name	Phone Number
--------------------	--------------------	--------------

What else we should know about your child to ensure a fun and safe Kidtastic Time? (allergies, disabilities, fears, medications, etc...)

What is the location of the pool (include address & cross streets)? If there is a gate code, please list code

Has your child taken swimming before? If so, where? Why are you switching programs?

Please list your child(ren) current school name and address

What semester would you prefer to enroll in and what time of day?

How did you hear about Kidtastics?

Payment

Your child (ren) is enrolled only upon receipt of payment and all forms. Tuition costs vary by number of student to teacher ratio and time length of the classes. All semesters usually consist of 8 classes.

Please make checks payable to Kidtastics, LLC and send this form, and payment to: **Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250**. Note: there is a \$25 charge on all returned checks. Contact Kidtastics at 480-994-5437 to make a credit card payment.

Cancellations & Refunds

Cancellation by an individual will result in a 75% refund until the start of the semester. No refunds are given after the semester starts. No refunds are given for missed classes. If a class is cancelled due to weather conditions



then a make-up class will be arranged. A full refund will only be given if classes are cancelled by Kidtastics. Classes do not meet on holidays, please discuss with your instructor about any possible holidays. It is the pool owner's responsibility to keep the pool clean and in working order if the instructor needs to cancel class due to an unclean pool no make-up class will be allowed.

Dress Code

Children should wear swim suits, sunscreen and reusable swim diapers are required for all children under age 3, even those who are potty trained. Please have your child ready to enter the water ten minutes prior to the start of their lesson.

Informed Consent And Waiver/ Release : I, the undersigned, as parent or legal guardian of the child listed above in consideration of the request and permission of my son(s)/daughter(s) to participate in the activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading, running, weight training, swimming, diving, exercise and fitness conducted by Kidtastics, LLC. I, the undersigned, as parent or legal guardian, hereby assume full responsibility for all the risks of injury or loss which may result from my son(s)/daughter(s) participation in these activity and hereby agree to hold harmless, release and forever discharge Kidtastics, LLC, it's officers, agents, managers, supervisors, and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, gymnastics, dance, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son(s)/daughter(s) participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Kidtastics, LLC, their officers, agents, managers, supervisors, or employees. The terms of this release shall serve as release and assumption of risk for my own son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Kidtastics, LLC, including, but not limited to paralyzing injuries, brain injuries and death. These activities may be of a hazardous nature and/or may include activities such as swimming, dance, gymnastics, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that there are no apparent health conditions of my son(s)/daughter(s) listed on this application, which would hinder or prevent his/her active participation in the Kidtastics, LLC programs.

Consent for Emergency Medical Treatment: In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named child, hereby grants authorization to Kidtastics, LLC, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named child. Each of the undersigned further agrees that neither Kidtastics nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency. Further, I agree to pay all costs associated with medical care and transportation for the child. I have noted any and all medical or health problems the child has of which Kidtastics, LLC should be aware in the health considerations section of this form.

Photos: I, the undersigned, as parent or legal guardian also give my consent for photographs and videos to be taken of my child (ren), whom are listed above, for publicity, training, and/or program purposes by Kidtastics, LLC.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization and the photo release outlined in the above paragraphs as it relates to my son(s)/daughter(s).

ONLY For Swimming Lessons/ Lifeguard Services By Kidtastics, LLC – Swim FinsAZ. Please Complete.

I, (please print your name) _____, the owner of the home, located at (please insert the pool's location) _____ understand I am responsible for any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son(s)/daughter(s), friends, and/or relatives participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Kidtastics, LLC, their officers, agents, managers, supervisors, or employees while swim lessons or lifeguard services are being conducted at my residence (listed above).

Home Owner's Signature _____ Date _____

Any Questions?

Call our office at (480) 994 - KIDS (5437) or email us at SoFun@kidtastics.com
Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250
Visit us at: www.kidtastics.com or www.swimfinsaz.com

Parent/Guardian Signature & Date _____

