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Child's Last Name	First Name	Date of Birth	Age	Sex
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Child's Last Name	First Name	Date of Birth	Age	Sex
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Child's Last Name	First Name	Date of Birth	Age	Sex
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Home Street Address	City	State	Zip Code
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Mother/ Guardian's Name	Home/Cell Phone	Email
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Father/ Guardian's Name	Home/Cell Phone	Email
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What is the location of the pool (include address & cross streets)? If there is a gate code, please list code

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Is your child in a group lesson? If so, please list the other children in the group lesson

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How did you hear about Kidtastics?

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If you booked with Kidtastics over the phone or via email please list your confirmed semester(s), time(s) & instructor

**Policies- Please Initial Here that you understand & will follow our Below Policies- INITIALS** \_\_\_\_\_  
 Please have your children prepared to enter the water ten minutes prior to their scheduled start time. Instructor will be entering the water with your child at their lesson start time. Parents, please be aware that we require there be no distractions from you the parent, animals, siblings, friends, neighbors, etc... to guarantee your child receives the best swim lesson possible. Parents will be allowed to come outside and view the last five minutes of each lesson.

**Payment**  
 We REQUIRE a credit card on file to book all lessons even if you plan on paying with a check. A \$20 fee will *automatically* be added to your payment if you live 20 or more miles away from Kidtastics office address listed below. Your child (ren) is enrolled only upon receipt of payment and all forms. Tuition costs vary by student to teacher ratio and time length of the classes. All semesters usually consist of 8 classes and are held Monday–Thursday for 2 weeks.

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.

**REQUIRED INFO:** Credit Card Payment (\$5 fee applies to cc pymts): Card Type: VISA    MASTERCARD    DISCOVER  
 Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Cancellations & Refunds**  
 Cancellation by an individual will result in a 75% refund until 48 hours prior to 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. Make-ups are arranged through the Kidtastics office and are subject to a \$15 gas fee.

OFFICE USE:	Payment	Confirmation Call	Class List/Schedule	Database
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**Dress Code**

Children should wear swim suits, sunscreen and 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.

**REGISTRATION \*\*If you have not had confirmation from a Kidtastics staff member than please complete page 3 and return it to Kidtastics via email or fax. Kidtastics will contact you to confirm your semester and time at least one week prior to the scheduled start date.\*\***

**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, yoga, 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).

**POOL OWNER MUST COMPLETE THIS SECTION:**

I, (please print your name) \_\_\_\_\_, the owner of the home and pool where Kidtastics, LLC swim lessons will be held, 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/Pool Owner’s Signature & Date \_\_\_\_\_

**Any Questions?**

Phone: (480) 994 - KIDS (5437)  
Fax: 1-888-628-4617  
Email: [SoFun@kidtastics.com](mailto:SoFun@kidtastics.com)  
Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250  
Visit us at: [www.kidtastics.com](http://www.kidtastics.com)

Parent/Guardian Signature & Date \_\_\_\_\_



**What Zip Code do you live in? Please circle your zip code and write your cross streets.**

**\*\*If your zip code is not listed we are sorry, but we do not service your area of town.**

**CROSS STREETS** \_\_\_\_\_

Instructor 1(Guadalupe/ Tempe): 85044, 85042, 85284, 85283, 85034, 85008, 85281, 85282, 85257

Instructor 2 (Chandler, Gilbert, Mesa): 85249, 85297, 85296, 85236, 85234, 85225, 85233, 85202, 85210, 85206, 85204, 85201, 85203, 85213, 85215

Instructor 3(Scottsdale/Fountain Hills): 85256, 85268, 85259

Instructor 4 (North Scottsdale): 85255, 85054, 85050, 85331 (limited coverage), 85262 (limited coverage)

Instructor 5 (Scottsdale): 85260, 85258, 85250, 85251

Instructor 6 (Scottsdale/Paradise Valley): 85028, 85253, 85018

Instructor 7 (North Phoenix): 85032, 85254, 85050

Instructor 8 (North Phoenix) Fireside Community Pool – 85050

Instructor 9: (Phoenix): 85013, 85014, 85016, 85012, 85020, 85022, 85023, 85029 (limited coverage)

**How long would you like the lesson to be? Circle your answer.**

30 minutes

45 minutes

**What semester(s) are you available? Please rank the semester(s) by your preference**

(1 being the semester you prefer the most and 6 being the semester you prefer the least).

- Semester 1: June 1<sup>st</sup> - June 11<sup>th</sup>
- Semester 2: June 15<sup>th</sup> - June 25<sup>th</sup>
- Semester 3: July 6<sup>th</sup> - July 16<sup>th</sup>
- Semester 4: July 20<sup>th</sup> - July 30<sup>th</sup>
- Semester 5: Aug. 3<sup>rd</sup> - Aug. 13<sup>th</sup>

**How many semester(s) would you like to enroll in this summer? Circle your answer.**

1      2      3      4      5

**What time slot(s) are you available?** Times listed below are when the lesson will start; ie. 5:00-7:00pm time slot means your lessons can start any time from 5pm until 7pm. **Please rank the times by your preference** (1 being the time you prefer the most and 6 being the time you prefer the least).

- 7:30am – 9:00am
- 9:00am – 11:00am
- 11:00am – 1:00pm
- 1:00pm – 3:00pm
- 3:00pm - 5:00pm
- 5:00pm – 7:00pm



**PARTICIPANT ASSESSMENT FORM - Must complete this form for each child**

Swimmer's Name: \_\_\_\_\_ Age: \_\_\_\_\_

What is your child's experience in the water? \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

**BEHAVIOR INFORMATION**

Aggressive Behavior: YES NO If yes, please explain: \_\_\_\_\_

**COMMUNICATION INFORMATION FOR CHILDREN WITH AUTISM**

<u>Expressive:</u> (Talking)	Verbal	Verbal (limited)	Non-verbal	Sign Language			
	PECS	Augmentative Device		Other/Explanation			
<u>Receptive:</u> (Understanding)	Follow simple directions:	Yes	No	Verbal	Written	Gestural	
	Uses visual schedule:	Yes	No	Written	Picture	Object	Other/Explanation

**SPECIAL INTERESTS/FAVORITE THINGS**

Sports: \_\_\_\_\_ Toys: \_\_\_\_\_

Games: \_\_\_\_\_ Music: \_\_\_\_\_

Books: \_\_\_\_\_ Interest: \_\_\_\_\_

Child's current academic school? \_\_\_\_\_

**FEARS/DISLIKES:**

Do you have any behavioral strategies or positive reinforcers that you would like to share? \_\_\_\_\_

What goals do you have for your child's swim lesson? \_\_\_\_\_

Would you be willing to have your swim instructor come to your home prior to the first lesson to meet your child?

Home visits are conducted for children with special needs only. Availability based off instructor's schedule.

Note: if a home visit occurs then multiple semester discount is not valid or a fee may apply for the visit.

Yes No If so, weekends are best for instructors, which dates works best with your family schedule? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

