



Children's Swim Lesson Registration

Please Print all Information

Child's Name:		Child's Birth date:	
Parent/Guardian Name:			
Address:			
City:		Zip Code:	
Home Phone:		Alt Phone:	
In The Event of Emergency, please call		Phone Numbers:	
How did you hear about HSA?			
Date of first Class:			

Please note the following rules:

1. You must provide at least 24 hours notice to cancel and reschedule a class. Failure to provide notice will result in forfeiture of class time and your money will not be refunded.
2. If child is sick, call and leave a message before the class starts. Your class will be rescheduled. Failure to call will result in forfeiture of class time and your money will not be refunded.
3. Your child must obey the swim instructor to ensure that all children are safe and that everyone receives time with the instructor. Your child will be asked to leave the class if he or she fails to follow instructions and your money will not be refunded for that class.
4. To prevent distractions during class, anyone who is not participating in the class must wait in the green classroom. They will not be allowed on the retail floor. Parents may go into the pool area 5 minutes before the end of class. H.S.A. will not be responsible for your child after the class has ended.

Parent/Guardian Signature: _____ Date: _____

For HSA Use

Registration Date: _____

Payment Received: _____ *Amount:* _____



Release of Liability

I understand and am aware that swimming is a potentially hazardous activity. I understand that the sport of swimming involves the risk of injury. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in swimming activities.

I agree that I will release Houston Scuba Academy (HSA) and its employees from any and all responsibility or liability for injuries or damages to the participant in this swimming activity or to any other person. I agree not to make a claim or sue HSA or its employees from any such injuries or damages relating to swimming or the use of its equipment. I agree to release HSA and its employees from any such responsibility, whether it results from the use of this equipment or service by the user, or whether it results from any negligence or other liability arising out of the maintenance of this equipment or organization of this activity.

I hereby agree to accept the terms and conditions of this contract. This document constitutes the final and entire agreement between HSA, its employees and the undersigned. There are no Warranties, expressed or implied, which extend beyond the description of the activity listed on this form.

I have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between HSA and myself and I sign it of my own free will.

Signature: _____

Date: _____