



Child Weekday Swim Lesson Registration

Please Print all Information

Participants Name:		Birth date:			
EMAIL:					
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?					
Days of Week	Monday	Tuesday	Wednesday	Thursday	
Time	2:15	3:00	3:45	4:30	5:15 6:00

Please note the following rules:

1. Make up days are the 2nd and 4th Friday of the month. To be eligible for a make-up day, you must call 24 hours in advance. If the participant is sick, you must call before 10am the day of the lesson and leave a message. Make up days must be scheduled by Wednesday at 7pm before the 2nd or 4th Friday and times are subject to availability. Your make up must be completed within 4 weeks of the missed class or you lose your make up lesson.
2. If the pool is closed for a day, a make up day will be scheduled by H.S.A.
3. The participant must obey the swim instructor to ensure that all participants are safe and that everyone receives his or her time with the instructor. The participant 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 injury, Children who are not participating in the class need to wait in the classroom. They will not be allowed on the retail floor.

Participant /Parent/Guardian Signature: _____ Date: _____



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: _____