

**Amber Waves Diving Company
Swim Lessons Information and Registration Form**

Swimmer:

First Name: _____

MI: _____

Last Name: _____

Age: _____

Participated in Swim Lessons previously: Y__N__

If yes, what level: _____

Parent/Guardian:

Parent/Guardian #1:

First Name: _____

Last Name: _____

Phone: _____

Address: _____ **City:** _____ **State:** ____ **Zip:**

Email Address: _____

Parent/Guardian #2 (If Applicable):

First Name: _____

Last Name: _____

Phone: _____

Address: _____ **City:** _____ **State:** ____ **Zip:**

Email Address: _____

Amber Waves Swim Lessons Waiver and Agreement:

I consent to photos and/or videos being taken of my child: Y__ N __

As a parent or guardian of a swimmer I acknowledge and agree to the following:

1. I acknowledge that I must remain in the pool area or in the facility during the time my child's swim lessons and that I will not enter or try to enter the pool unless instructed by a Swim Instructor.
2. If my child is not fully potty-trained they must wear a reusable (non-disposable) diaper provided by Amber Waves. These diapers have a tighter fit to reduce accidents. Disposable diapers can and should be worn under the reusable diaper. If my child has an accident in the pool there will be a \$50 pool cleaning fee.
3. I recognize and agree to the need of occasional assistance or touching of swimmers by the Swim Instructor for training and educational purposes.
4. I agree that if my child is becoming disruptive or uncooperative that they may be asked by the instructor to sit out until they have calmed. Horseplay is not acceptable during lessons. If sitting out still does not solve the issue, I am responsible for my child and may need to remove them from the pool for the duration of lessons that day.
5. I understand that there is no such thing as a 100% safe pool and there is always a chance of danger. I understand that my child is in the hands of qualified and trained professional Swim Instructors. I acknowledge and agree to waive certain rights including the right to sue. The pool and its facilities involve certain potential risks such as, but not limited to:
 - The risk of injury resulting from possible malfunction of the pool equipment.
 - The risk of injury resulting from tripping or falling over obstacles in the pool area.
 - The risk of injury resulting from participating in any action in the pool.

I have read and understood this document and my responsibilities. I am aware that by signing this document, I am waiving certain legal rights and I fully agree to do so.

Name: _____ Signature: _____ Date: _____