

AQUAKNIGHTS

SWIMMING

REGISTRATION FORM

Swimmer Name: _____ Age: _____ Membership #:_____

Parent Name: _____ Phone #:_____

Parent Email: _____

Emergency Contact Name: _____ Phone #:_____

Medical conditions or medications we need to be aware of:

1. Diamond Hills Sports Club and Spa membership is required **PRIOR** to clinic enrollment.
 - a. Clinic Membership Promotion - \$0 initiation fee (\$99 savings)
2. All clinic fees are due at time of enrollment. If fees are not paid I agree to allow the club to charge my membership account.
3. Clinic space is limited to 24 participants (4 swimmers per lane) per age group.
4. There is no make up or refund for missed or canceled clinics (illness, pool closure, weather, etc.)
5. Clinics are subject to cancellation by the club if enrollment is low. If alternate clinics cannot be scheduled, a full refund of clinic fees will be issued.
6. Spectators must be active members of DHSC and are to watch from designated seating areas only and are not permitted to interrupt or distract from the clinic.
7. The goal is to help each participant progress, however progression is not guaranteed.
8. We reserve the right to change instructors during any clinic.
9. All participants must be able to swim multiple laps consecutively in the pool and have knowledge of the competitive strokes. If your child is already registered and does not meet the criteria they will be moved to swim lessons.
10. Model Release: I hereby grant Spare Time Inc. and its legal representatives and assigns the irrevocable and unrestricted right to publish photographs and video of me, or photo/video in which I may be included, for advertising and other media purposes relating exclusively to Spare Time Inc. and its sports clubs and spas. Media purposes may include, but are not restricted to, these mediums: print, electronic, web-based, and social media, including, but not restricted to Facebook and Instagram. I hereby release Spare Time Inc. and its representatives and assigns from all claims and liability relating to said photograph/video.

Initial here to opt-out of the Model Release: _____

1. **Refund policy:** There will be a 0% refund policy due to limited capacity in our sessions.
2. Participants feeling ill or experiencing COVID-19 symptoms may not participate in any clinics.

I have read, understood, and agree to the above listed terms and information:

Parent Signature: _____ Date: _____