



# Wings Center Registration & Liability Release Positive Strokes Swim Instruction

### OFFICE USE ONLY

Entered in System \_\_\_\_\_  
Fees Posted \_\_\_\_\_  
Fees Paid in Full \_\_\_\_\_ Date \_\_\_\_\_  
Family Folder Made \_\_\_\_\_

#### PLEASE INITIAL

- \_\_\_\_\_ Full Tuition Must Be Paid At Registration and is Non-Refundable
- \_\_\_\_\_ There are no Multi-Class or Multi-Student Discounts
- \_\_\_\_\_ Friday Make-Ups are at Instructor's Discretion and Due to Weather or Pool Conditions only
- \_\_\_\_\_ Childcare Students Receive a Special Group Discount If Tuition Is Received By (date) \_\_\_\_\_  
(when attending with their childcare group)

**How did you find out about us?** Web Search\_\_ Friend/Family Member\_\_ Treasure Valley Family Ad\_\_ Kids Directory Ad\_\_ Newspaper Ad\_\_  
Phone Book\_\_ Child Care\_\_ TV\_\_ Radio\_\_ Mailer\_\_ Other: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Start Date: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student (mother, stepmother, grandmother, etc): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student (father, stepfather, grandfather, etc): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Choice of Hospital: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

\*\*\* Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**1<sup>st</sup> Student Name:** \_\_\_\_\_ Male/Female Birthdate: \_\_/\_\_/\_\_

Which Session(s): session 1 session 2 session 3 session 4 session 5 session 6 Time: \_\_\_\_\_ Level: \_\_\_\_\_

**2<sup>nd</sup> Student Name:** \_\_\_\_\_ Male/Female Birthdate: \_\_/\_\_/\_\_

Which Session(s): session 1 session 2 session 3 session 4 session 5 session 6 Time: \_\_\_\_\_ Level: \_\_\_\_\_

**3<sup>rd</sup> Student Name:** \_\_\_\_\_ Male/Female Birthdate: \_\_/\_\_/\_\_

Which Session(s): session 1 session 2 session 3 session 4 session 5 session 6 Time: \_\_\_\_\_ Level: \_\_\_\_\_

**- LIABILITY AND RELEASE FORM ON THE BACK -**

## ***Liability Release Form Please read carefully and sign as indicated***

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

### **Assumption of Risk**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

### **Medical Release**

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

### **Marketing Release**

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

### **Payment Information**

There is an annual registration fee due at the time of registration. This fee is based on the length of class and the number of family members registered. Tuition is due by the first of each month and is based on flat monthly rates. If you should receive five classes during the month instead of four there will be no extra charge although it will be considered a makeup for classes missed while Wings Center is closed for holidays. We've found that during the course of a year this averages out nicely and is a far less confusing payment arrangement for everyone concerned. Wings Center will send out a statement of account.

If accounts are paid after the tenth of the month there will be a \$17.50 late fee applied to the account balance. If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. Accounts that become 30 days overdue will be considered grounds for collections action. There is a \$20.00 returned check charge for any checks returned by the bank. No refunds will be given. A letter of credit will be issued for any credit amount on your account. Wings Center does require a two (2) week written notice to Wings Center of any intent to discontinue. I understand that if my check is returned by the bank, or I am late with payments, that Wings Center will require automatic credit or debit card payments from that point forward.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)**

I hereby authorize Wings, Inc., dba Wings Center, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at the Wings Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at the Wings Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft or the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_