



FLOW Aquatics at the Wings Center Registration & Liability

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 Centers can register with full payment (Wings transportation can be arranged if needed)

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: _____

Home Phone: _____ Cell #: _____ Work #: _____

Employer: _____ Mother's E-mail: _____

Father's First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Employer: _____ Father's E-mail: _____

Family Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____ Home Phone: _____ Cell: : _____ Wk: _____

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:

1st Student Name: _____ Male/Female Birthdate: ___/___/___ Age _____

Which Session(s): session 1 session 2 session 3 session 4 session 5 Time: _____ Level: _____

2nd Student Name: _____ Male/Female Birthdate: ___/___/___ Age _____

Which Session(s): session 1 session 2 session 3 session 4 session 5 Time: _____ Level: _____

3rd Student Name: _____ Male/Female Birthdate: ___/___/___ Age _____

Which Session(s): session 1 session 2 session 3 session 4 session 5 Time: _____ Level: _____

- PLEASE READ AND SIGN LIABILITY AND RELEASE FORM ON THE BACK -

Liability and Release Form Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center and FLOW Aquatics 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 FLOW Aquatics, Idaho Corporations, their 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 services are conducted, or any premises under the control and supervision of Wings, Inc. and FLOW Aquatics, 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. and FLOW Aquatics, 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 and FLOW Aquatics 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 and FLOW Aquatics 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 and FLOW Aquatics purposes only, and will not be given or sold to outside companies or individuals.

Payment Information

Wings Center and FLOW Aquatics require full payment at the time of registration (non-refundable). 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 requires 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 and FLOW Aquatics, 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. Class fees are non-refundable. I agree to notify Wings, Inc. and FLOW Aquatics 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: VISA MC DISCOVER AMEX

Card #: _____ Exp. ___/____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____