

PERSONAL DETAILS

SURNAME _____

CHILD'S FIRST NAME _____ BIRTHDATE _____

MOM'S NAME _____ DAD'S NAME _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS _____

TEL. NO.: (H) _____ (W) _____

CELL NO.:(1) _____ EMAIL _____

DOES YOUR CHILD SUFFER FROM ANY MEDICAL PROBLEM THAT WE SHOULD KNOW ABOUT?

I, THE PARENT / LEGAL GUARDIAN / CUSTODIAN OF THE ABOVE CHILD / CHILDREN HEREBY WAIVER ANY CLAIM AGAINST CARON DELPECHE SWIM SCHOOL AND ANY OF THEIR MEMBERS OR EMPLOYEES FOR DAMAGE SUSTAINED WHILE ON THE PROPERTY OF THE ABOVE SWIM SCHOOL, WHETHER THE DAMAGE ARISES AS A RESULT OF THEFT, BODILY INJURY, LOSS OF LIFE, DAMAGE OF MOTOR VEHICLES, OR ANY OTHER CAUSE WHATSOEVER, WHICH MAY ARISE WITH THE TUITION OF:

THIS WAIVER IS UNCONDITIONAL AND IS GIVEN WITH MY FULL UNDERSTANDING OF THE ABOVE.
HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

SIGNED: _____

PARENT / GUARDIAN / CUSTODIAN

SWIM SCHOOL MEMBER

DATE: _____

WITNESS (1) _____ (1) _____

(2) _____ (2) _____

