

2024 Kicks N Flips Swim School Registration Forms – Wyoming, MN

Parent's Name _____ Parent's Signature _____

Address _____ cash check

Cell Phone _____ Home Phone _____ hold check

Emergency contact _____ Emergency Phone _____

Email Address _____ **Remember the Registration Fee of 40?**

I have read and understand the refund & waiver policies. Signature) _____

Swimmer/Child's Name _____ **Age** _____ **DOB** _____

Relevant medical information _____

Swimming Lessons (write in / circle / place "X" in choices)

Session: _____ Time _____ Level: Parent-tot 1 1.5 2 3 4 5 6 Adv Swim STP Private/Semi-Private

Clinics/Courses (write in session #) Mini Clinic _____ Skills Clinic _____ **Kid's Safety Course** _____

Virtuals (write in level) _____ **Swim Kits** (write in amount #) Littles _____ Bigs _____ Advanced _____

(write in session #s) **Open Swims** _____ **Pack The Pools** _____ **B-Day** (type) _____ **Sub Total:** _____

Swimmer/Child's Name _____ **Age** _____ **DOB** _____

Relevant medical information _____

Swimming Lessons (write in / circle / place "X" in choices)

Session: _____ Time _____ Level: Parent-tot 1 1.5 2 3 4 5 6 Adv Swim STP Private choices /Semi-Private

Clinics/Courses (write in session #) Mini Clinic _____ Skills Clinic _____ **Kid's Safety Course** _____

Virtuals (write in level) _____ **Swim Kits** (write in amount #) Littles _____ Bigs _____ Advanced _____

(write in session #s) **Open Swims** _____ **Pack The Pools** _____ **B-Day** (type) _____ **Sub Total:** _____

Swimmer/Child's Name _____ **Age** _____ **DOB** _____

Relevant medical information _____

Swimming Lessons (write in / circle / place "X" in choices)

Session: _____ Time _____ Level: Parent-tot 1 1.5 2 3 4 5 6 Adv Swim STP Private/Semi-Private

Clinics/Courses (write in session #) Mini Clinic _____ Skills Clinic _____ **Kid's Safety Course** _____

Virtuals (write in level) _____ **Swim Kits** (write in amount #) Littles _____ Bigs _____ Advanced _____

(write in session #s) **Open Swims** _____ **Pack The Pools** _____ **B-Day** (type) _____ **Sub Total:** _____

Swimmer/Child's Name _____ **Age** _____ **DOB** _____

Relevant medical information _____

Swimming Lessons (write in / circle / place "X" in choices)

Session: _____ Time _____ Level: Parent-tot 1 1.5 2 3 4 5 6 Adv Swim STP Private/Smi-Privat

Clinics/Courses (write in session #) Mini Clinic _____ Skills Clinic _____ **Kid's Safety Course** _____

Virtuals (write in level) _____ **Swim Kits** (write in amount #) Littles _____ Bigs _____ Advanced _____

(write in session #s) **Open Swims** _____ **Pack The Pools** _____ **B-Day** (type) _____ **Sub Total:** _____

Discounts & Coupons? (Place "X" or number after choice(s) that apply)

\$5/person Referral Discount _____ \$10 off Know Your Neighborhood Coupon _____ 10% Family Discount _____ Other _____

Total Discounts & Coupons (write in \$ amounts) \$ _____ % _____

Amounts (\$)

\$ _____ (swim lessons) +\$ _____ (camp/clinic/course/event) +\$ _____ (events) -\$ _____ (coups/disc)] *.10 (Fam Discount if [applicable) + \$40 =\$ _____ **(TOTAL(including reg fee))** \$ _____ **check #** _____ **or** **cash (place "X")** _____

SPREAD THE WORD CARD

Referred us to KNF, please remember their discount.

KNF Minors/Participant Waiver/Release

READ BEFORE SIGNING RELEASE OF LIABILITY FOR MINORS/PARTICIPANTS

← (Insert Participant(s)' Name(s) in space)

IN CONSIDERATION OF _____, myself/my child/ren/ward/family member, being allowed to participate in any way in classes, related/hosted events, and activities. Kicks N Flips Swim School (known as KNF) of Wyoming MN, Plymouth MN, Plymouth Creek Athletic Club of Plymouth MN, & any other on site/satellite locations (swimming pools, water parks, lakes, VIRTUAL) in other cities in MN and WI. The undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury to myself/my child/ward/family member from the activities involved in these programs can be/is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I FOR MYSELF, SPOUSE, AND CHILD/WARD/FAMILY MEMBER, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for mine/my own/child/ward/family member's participation; and,
- 3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in mine/my own/my child/ward/family member's readiness for participation and/or in the program itself, I will remove myself/my child/ward from the participation and bring such attention of the nearest official immediately; and,
- 4. I for myself, my spouse, my child/ward/family member, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Kicks N Flips Swim School of Wyoming MN, Plymouth MN, Ex: its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to myself/my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5. I, for myself, my spouse, my child's/ward/family member, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to myself/my child's/ward/family member's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 6. I, for myself, my spouse, my child's/rens/ward/family member, and on behalf of my/our heirs, assigns, personal representatives and next of kin, understand the risk of illness to myself/my child/ward from the COVID-19 virus that may be present, despite Kicks N Flips, their owners, representatives, and their employees, disinfecting and having Safety Protocols in place. I understand there is a potential for permanent disability and death, and while particular rules, clean equipment, social distancing, and personal discipline may reduce this risk, the risk of serious illness does exist; I have read the COVID-19 Safety Protocols and agree to adhere to them.
- 7. I, for myself, my spouse, my child's/rens/ward/family member, and on behalf of my/our heirs, assigns, personal representatives and next of kin, understand the risk of using the Virtuals without a KNF swim instructor present. I understand that all of the items in the KNF Swim Kits are NOT lifesaving equipment and should only be used with a competent adult/lifeguard/KNF swim instructor present. I understand there is a potential for permanent disability and death, and while particular rules and program guidelines may reduce this risk, the risk of serious injury and/or death does exist. I am aware of the safety protocols and agree to adhere to them.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian/Participant Signature _____ Date _____

2024 REFUND POLICY:

Prior to the class start date, a two-week notice of cancellation is required for a full refund and a one-week notice is required for a 50% refund. No refund will be given for cancellation inside of the one-week time frame and once class has started.

Parent/Guardian/Participant Signature _____ Date _____

2024 CHILD PHOTO & VIDEO POLICY:

Kicks N Flips Inc. has a Facebook page and a website that is used as a business page only that is monitored. We will post current and past events as well as news for all levels, events, and activities. We will include pictures; note that care is taken to ensure that your child(ren) and the environment of all Kicks N Flips locations are appropriately displayed. These images/footage are for marketing purposes, training guidelines for teachers and athletes as well as recognition purposes for newspapers, displays on a bulletin boards, computer presentations, on the Kicks N Flips Inc. Social Media, &/or for security measures. Please sign and date the appropriate choice below. Except for the video security, you may opt out of photos or videos taken of your child for the above mentioned purposes at anytime,.

I will allow my child to be photographed or videoed for the above mentioned purposes by Kicks N Flips Inc. personnel.

I will not allow my child to be photographed or videoed for the above mentioned purposes by Kicks N Flips Inc. personnel.

Parent/Guardian/Participant Signature _____ Date _____