Aquatic Class Registration Form

CONTACT INFORMATION

Participant’s Name (Adult): ____________________________ Age: _______ Gender: _______

Preferred Mailing Address: __________________________________________________________

City: ____________________________ State: ___________ Zip/Postal Code: ___________

Phone: (___) _______ Email: _____________________________

Emergency Contact Name: ____________________________ Phone: (___)

Class Name: ____________________________ Day: ____________ Time: ______________

Class Name: ____________________________ Day: ____________ Time: ______________

*Please list additional classes on back.

Please list any Medical Concerns or Special Accommodations:

*Use additional sheet if necessary to list medical information

PAYMENT METHOD

Check or Money Order must be in U.S. funds payable to: SJSU/KIN/TIMPANY. There will be a $25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: ☐ Check ☐ Money Order ☐ Cash

POLICIES & GUIDELINES

1. CLASS REFUND POLICY: All refund requests must be submitted in writing to the Timpany Center and must be accompanied by a Doctor’s note. Refunds will be issued in a timely fashion if approved.

2. CLASS CANCELLATION: The Timpany Center reserves the right to cancel any class that does not meet the minimum enrollment. Please register early to ensure a spot, and avoid class cancellations. Missed or cancelled classes cannot be made up. If a class has to be canceled, the Timpany Center will do everything possible to schedule a make-up but cannot guarantee a make-up class.

3. OPEN REGISTRATION: Our goal at the Timpany Center is to provide all individuals with an equal opportunity to enroll in the class of their choice. Registrations are processed on a first-come-first-serve basis. Timpany Center staff holds the authority to reassign participants to a class that better fits the individual’s ability.

LIABILITY RELEASE

IN CONSIDERATION IN BEING PERMITTED TO ENTER THE TIMPANY CENTER, FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR ANY ACTIVITY OFF SITE AFFILIATED WITH THE TIMPANY CENTER, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

1. THE UNDERSIGNED, ON HIS OR HER BEHALF OR BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE OR HOLD RELIEF the Timpany Center, its directors, officer, employees, or agents and representatives (hereinafter referred as the “releasees”) from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Timpany Center.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Timpany Center premises or in any way observing or using any facilities or equipment or the Timpany Center or participating in any program affiliated with the Timpany Center whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise about while in, about or upon the premises of the Timpany Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Timpany Center.

4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

☐ Participant ☐ Parent/Guardian SIGNATURE: _______________ DATE: __________

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Staff Initial

Pay Amt & Type

Date