

# DACA SWIM SCHOOL REGISTRATION FORM

ARE YOU A RETURNING SWIMMER AT DACA SWIM SCHOOL? YES \_\_\_ NO \_\_\_

Please send To: DACA ~ 1080 S. De Anza Blvd. ~ San Jose, CA ~ 95129

## Swimmer's Names:

1) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_  
*Last First Middle Circle mm/dd/yy*

School (if applicable): \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Previous Swimming Experience: \_\_\_\_\_

2) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_  
*Last First Middle Circle mm/dd/yy*

School (if applicable): \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Previous Swimming Experience: \_\_\_\_\_

3) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_  
*Last First Middle Circle mm/dd/yy*

School (if applicable): \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Previous Swimming Experience: \_\_\_\_\_

Family Address: \_\_\_\_\_  
*Street City Zip*

Parent/Guardian's Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Please complete and sign the following forms:

\_\_\_\_\_ DACA Swim School Registration Form

\_\_\_\_\_ DACA Swim School Policy Agreement

\_\_\_\_\_ DACA Medical and Emergency Information Form

\_\_\_\_\_ DACA Waiver and Release of All Liability

\_\_\_\_\_ DACA Swim School Payment Option Form

# DACA Swim School Policy Agreement

All DACA Swim School instructors have successfully completed the DACA Training Program and are certified in CPR and First Aid. DACA Swim School registers students based on day and time, not by instructors. You may request, but you cannot be guaranteed, a specific instructor.

Program	Recurring Monthly Fee

Tuition is due at the time of sign-ups. Children will not be placed on the class schedule until tuition is paid. If enrolling after the first class of the month, registration fees, current month's tuition and the first full month's tuition are non refundable and are due upon registration. An annual \$20 Registration/Insurance fee will be collected the first time a student enrolls in a calendar year and every January thereafter. This fee is non-refundable. Class enrollment is ongoing. Following the first month, tuition fees are automatically charged on the first business day of the month as agreed upon in the Payment Option Form.

**Students remain registered unless the DACA Swim School is officially notified via Withdrawal Form (available at [http://www.daca.org/withdrawal\\_forms/withdrawal-dss.html](http://www.daca.org/withdrawal_forms/withdrawal-dss.html)). You may withdraw at any time during the month. Withdrawals become effective the first of the month following. No refunds will be given for partial monthly attendance. Tuition is charged on the basis of enrollment, not attendance.**

A \$25 handling charge will be assessed on each declined Automatic Debit transaction. This fee must be paid before the next lesson. If a debit payment is declined, you must make the payment by Cashiers Check or Money Order. If debit payments are declined three times, automatic debit transaction privileges will be cancelled. The fee for a returned check is \$25.

There are no refunds, credits or make-ups for missed classes unless cancelled by DACA for reasons within its control. **If your child has a medical reason for missing class for a duration of four weeks or more, please contact the DACA Swim School Office for assistance.** There are no refunds, credits or make-ups for missed classes due to reasons out of DACA's control, including but not limited to lightning, earthquake and severe weather conditions. In the instance of shutdowns caused by health and safety considerations, such as fecal or vomiting incidents, a credit for the value of the cancelled lesson will be posted to your account and the following month's fee will be reduced accordingly. Fecal and vomiting incidents are a frustration and inconvenience to everyone. Parents/Guardians must take steps to ensure that these incidents are kept to an absolute minimum, including keeping their child out of the water when the child is ill.

We offer four free class transfers per calendar year, per child. For each additional transfer request, a \$25 charge will be incurred. Transfers must be completed not less than 24 hours before the start of the next scheduled class.

In order to maintain an optimal learning environment, it may be necessary to change a student's class assignment and/or instructor. While we do our best to match a student with a class appropriate to his/her level, it may happen that a student is placed in a class that is not an ideal fit. All possible avenues will be exhausted to rectify the situation. Classes that do not meet a minimum of two students **may** be cancelled and rescheduled.

Children who are not yet potty-trained must wear a re-usable swim diaper. These are available for purchase in the office. Plastic training pants or regular diapers are NOT allowed. No regular diapers are allowed under the swim diaper as these become saturated and weigh the child down.

DACA reserves the right to change its policies and procedures at any time without prior notice to ensure quality and service.

I have read and agree to the general and written policies and fee schedule as stated above.

**Date:** \_\_\_\_\_ **Print Swimmers Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

## **DACA MEDICAL EMERGENCY INFORMATION**

Medical emergency information is required. Please do not leave any spaces blank. If the Participant does not have insurance or a primary care physician/health care provider, please write "None."

**Swimmer's Name:** \_\_\_\_\_  
*Last* *First*

**Address:** \_\_\_\_\_  
*Street* *City* *Zip*

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**If I cannot be reached, please call:**

**Name:** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Patient ID No.: \_\_\_\_\_

Group ID No.: \_\_\_\_\_

Primary Care Physician/Health Care Provider Information:

\_\_\_\_\_  
Name of Physician/Health Care Provider

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Telephone Number(s)

Is there any additional emergency information you would like us to have? [For example: specify insect, animal or food allergies; etc.]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
In an emergency, I consent to having the De Anza Cupertino Aquatics organization provide immediate care to Participant [student or adult swimmer] and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility.

By my signature, I authorize any medical provider to give all necessary medical care to Participant [student or adult swimmer]. I agree to assume full responsibility for the costs of any treatment provided.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian/Adult Swimmer

\_\_\_\_\_  
Signature

**DACA WAIVER AND RELEASE OF ALL LIABILITY**

I, \_\_\_\_\_, on behalf of myself and my child, \_\_\_\_\_, have voluntarily requested to participate in the DeAnza Cupertino Aquatics (“DACA”) swim lessons and/or swim team (hereinafter, “the Activity”). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the Activity.

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold DACA and its employees, officers, directors, shareholders, insurers, agents, contractors and servants, members and board members, and Pacific Partners (landlord) (collectively referred to as the “Released Parties”) harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties’ negligence contributed to the injury or damage, resulting from my child’s and/or my attendance or participation in the Activity.

I agree to release DACA from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES DACA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD’S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM.**

\_\_\_\_\_  
Name of Participant/Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Legal Guardian

# DACA Swim School Payment Option Form

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Phone Number (alt): \_\_\_\_\_

## Please Select Type of Payment

\_\_\_\_ ACH (Please attach voided check)

\_\_\_\_ VISA

\_\_\_\_ Master Card

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

I authorize DACA Swim School to debit my credit card on the first business day of every month for swim lessons.

**Payment Details:** All payments will be charged on the first business day of each month.

The Payment Option Form must be completed before the first lesson. We do not offer make-ups, refunds or credits for missed lessons unless there is a pool closure within our control. If there is a pool closure within our control, a credit for the value of the cancelled class will be applied to your account and deducted from your next month's tuition payment.

A \$25 handling charge will be assessed on each declined Automatic Debit transaction. This fee must be paid before the next lesson. If a debit payment is declined, you must make the payment by Cashiers Check or Money Order. If debit payments are declined three times, automatic debit transaction privileges will be cancelled. The fee for a returned check is \$25.

**Authorization:** I have read and agree to the general and written policies as stated above. I understand that by signing this Form I am entering into an agreement with the DACA Swim School.

**Withdrawal Details:** *Students remain registered unless the DACA Swim School is officially notified via Withdrawal Form (available at [http://www.daca.org/withdrawal\\_forms/withdrawal-dss.html](http://www.daca.org/withdrawal_forms/withdrawal-dss.html)). You may withdraw at any time during the month. Withdrawals become effective the first of the month following. No refunds will be given for partial monthly attendance. Tuition is charged on the basis of enrollment, not attendance.*

Parent/Guardian Signature: \_\_\_\_\_