



REGISTRATION FORM

Participant's Name: _____ Age: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Desired Session (Dates): _____ Time Slot: _____

Choose Desired Program:

Swimming Lessons

Lifeguard Review Course

CPR Certification

Water Safety Awareness

Military Prep Swim Test

Jr. Lifeguard Course

Lifeguard Certification

Water Aerobics



PERMISSION SLIP

Name of Student: _____

Address: _____

E-Mail Address: _____

Phone/Cell Number: _____

Parent's/Guardian's Name: _____

In case of emergency, do you give permission for your child/ward to be taken to the nearest hospital?

Yes _____ No _____

Name of Preferred Hospital: _____

Name of Doctor: _____

Emergency Contact Name: _____

Phone Number: _____

Photo/Video Release For Parent

I hereby consent that photographs, audios, and videos taken of my child/ward or me "**Destiny Swim Camp International, Inc.**" aquatic programs may be used by "**Destiny Camp International, Inc.**" for purposes of event documentation, media coverage and promotional materials. Names of students/participants will not be published.

Name of Participant: _____

Name of Parent/Guardian: _____

Signature of Participant or Parent/Guardian: _____

Date: _____



RELEASE & INDEMNITY

Program Name: _____

Date(s): _____

I freely and voluntarily agree to participate or allow my child/ward to participate in the above scheduled program(s) offered by **"Destiny Swim Camp International, Inc."** I do hereby expressly agree and understand not to hold, the **"Destiny Swim Camp International, Inc."** their Board of Regents, officers, administrators, employees, representatives and/or agents, and their heirs, successors, and assigns, liable in any way whatsoever for any injury, or damage, or loss of property sustained by myself or my child/ward or persons other than myself or my child/ward arising out of, or in connection with, or due to negligence, fault, or otherwise during any part of my or my child/ward in aforementioned program. For the same consideration and without conflict in the foregoing, voluntarily and knowingly, I hereby release and discharge **"Destiny Swim Camp International, Inc."** officers, administrators, employees, representatives and/or agents, and their heirs, successors, and assigns, both in their official and individual capacities jointly and severally, from any actions, causes of action, claims, demands, damages, costs and expenses on account or in any way growing out of any and all loss of personal property, or injury, as the result of any accident, delay or irregularity which may be caused either in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof and through any act, error, or omission, or default of any company or person, or by reason of the conditions or use of any real or personal property while myself, or my child/ward is en route to, or from, or participating in the program or occasioned by it. I further promise to bind myself, and/or my child/ward and all my heirs, administrators and executors, to indemnify, and forever hold harmless the **"Destiny Swim Camp International, Inc."**, their officers, administrators, and employees, and /or agents against loss, damage, or expense from any and all claims, demands, actions, or causes of action that may occur while en route to, or from, or participating in the program or any activity relating or occasioned by it.

"Destiny Swim Camp International, Inc." does not carry medical insurance for participation in any of its programs. It is recommended that you have appropriate medical coverage as a participant. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Child/Ward Name: _____

Signature of Participant

Date



MEDICAL EMERGENCY INFORMATION/CONSENT FOR TREATMENT

Medical Emergency Information/

Consent for Treatment

Participant's Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Parent/guardian phone: _____

Home: _____

Work: _____

Pager/Cellular: _____

Medical Information

Allergies: _____

Current medications: _____

Chronic illness: _____

Date of last tetanus booster: _____

Physician: _____

Physician telephone number: _____

Insurance Information

Does participant have health insurance?

No _____ Yes _____

Medical insurance company: _____

Phone number: _____

Group number/ID number: _____

Name of insured: _____

Person (s) to Notify in Case of Emergency

Name: _____

Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____

Pager/ Cellular: _____

Second contact (if first person unavailable)

Name: _____

Relationship: _____

Street Address: _____

Phone: Day _____ Evening _____

Pager/ Cellular: _____

Consent for Medical Treatment

The attending physician, appropriate staff, the "Destiny Swim Camp International, Inc.", officers, employees, representatives and/or agents, and their heirs, successors, and assigns shall not be responsible in any way for any consequence from diagnostic, medical and /or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

"Destiny Swim Camp International, Inc." does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage as a participant in this program. I hereby grant "Destiny Swim Camp International, Inc." permission to assist me with medical treatment if necessary.

Signature of participant or parent/legal guardian

Date



REFUND/CANCELLATION POLICY

To ensure maximum customer satisfaction **"Destiny Swim Camp International, Inc."** recommends that every parent/guardian read this policy in full before registering for any aquatics program. All participants must attend their scheduled orientation date before attending their scheduled session. If someone wishes to cancel their session, they must do so before close of business on the week before your session begins. A refund will be mailed to participants in the amount of fees paid minus \$10 for administrative fees. No refunds will be issued after first day of scheduled session. Any day that is missed during your scheduled session will need to be discussed with the Water Safety Instructors. Each issue will be handled on a case-by-case basis, according to the instructor's policy. **"Destiny Swim Camp International, Inc."** does not issue credits or carry over balances from one session to another.

If there are fewer than 5 students registered for a class, the class may be cancelled and your child will have to be placed in another class. We will notify you of any cancellations a week before session starts. If arrangements for a different session cannot be made, then you will be refunded. Any classes that we cancel will be made up on TIMES TO BE ANNOUNCED.

I have read, understood and agree with this policy.

Signature of

Date



GENERAL INFORMATION

SUPPLIES NEEDED:

- Swimsuit / Swim Trunks
- Swim Shoes Or Flip Flops
- Bathing Caps – Available For Purchase At Class
- Goggles – Available For Purchase At Class
- Sunscreen (30 SPF Or Higher). Please Apply 15 Minutes Before Class.
- Large Bath Towel
- Change Of Dry Clothing

POOL RULES:

- **NO** Entry Into The Pool Without Instructor
- **ALL** Swimmers Sit Must On Deck Until Instructor Comes
- **NO** Running, Horse Playing, Abusing Or Disrespect For Fellow Swimmers Or Instructors
- **Upon** Leaving The Swimming Lessons, **ALL** Toys, Towels, Slippers, And Swimming Clothes And Trash Must Be Disposed In Private Area

NEVER USE THE PHRASE “I CAN’T SWIM”

PLEASE REVIEW ALL THESE RULES WITH YOUR CHILD!!



Become A Certified Lifeguard! See Ms. Jennifer For Details

Text or Call: (337) 322-9302

E-Mail: lamdci2@yahoo.com

Don't Forget To Schedule Summer Swim Parties! Licensed Lifeguards!
Lots Of Room! Make Your Time Special!