

KIDS FIRST Swim Schools
American Red Cross Training
Registration Form

Date _____

Name _____ Source _____

Address _____ City, State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

PAYMENT METHOD

Credit Card Number _____ Expiration _____

Check/Cash Amount _____ Check Number _____

KFSS EMPLOYEE REGISTRATION	OUTSIDE REGISTRATION
<input type="radio"/> \$100 Shallow Water Lifeguard Course	<input type="radio"/> \$225 Shallow Water Lifeguard Course
<input type="radio"/> \$50 Shallow Water Lifeguard Review Course	<input type="radio"/> \$125 Shallow Water Lifeguard Review Course
<input type="radio"/> \$150 Full Lifeguard Course	<input type="radio"/> \$250 Full Lifeguard
<input type="radio"/> \$75 Full Lifeguard Review Course	<input type="radio"/> \$150 Full Lifeguard Review Course
<input type="radio"/> \$60 Adult & Pediatric CPR & AED	<input type="radio"/> \$100 Adult & Pediatric CPR & AED
<input type="radio"/> \$50 Adult & Pediatric CPR & AED Review	<input type="radio"/> \$60 Adult & Pediatric CPR & AED Review
<input type="radio"/> \$75 Adult & Pediatric First Aid, CPR & AED	<input type="radio"/> \$100 Adult & Pediatric First Aid, CPR & AED
<input type="radio"/> \$65 Adult & Pediatric First Aid, CPR & AED Rev	<input type="radio"/> \$75 Adult & Pediatric First Aid, CPR & AED Rev
<input type="radio"/> \$50 Babysitters Training	<input type="radio"/> \$75 Babysitters Training

RELEASE AND WAIVER

I agree to participate in the American Red Cross training program(s) offered by KIDS FIRST Swim Schools. All sums paid by me to KIDS FIRST Swim Schools, have been paid solely as tuition for a program. I understand the tuition I have paid for instruction is non-refundable.

I fully understand the risks involved in a course of instruction that involves swimming. I acknowledge that these risks include, without limitation, the possibility of bodily injury. My decision to participate in this course of instruction is made in full recognition of these risks and is entirely voluntary.

I have noted on the bottom of this form (in the comments section) any and all medical history or medical problems I might have. In the event that I have noted a medical problem, I have contacted my physician and have received medial permission to participate in the aforesaid course of instruction.

In consideration of KIDS FIRST Swim Schools, Inc. and Franchisees allowing me to participate in an American Red Cross course, I hereby agree to indemnify and hold harmless KIDS FIRST Swim Schools, Inc. and Franchisees, their officers, directors, employees and other individuals associated with their operations, from all liability on account of injury, loss, claim or damage to myself, including but not limited to any liability, loss, claim or damage arising out of the neglect or fault of any aforesaid entity except for an injury, loss, claim or damage due to gross negligence or willful misconduct.

I have read and understand this document:

Signature _____ Date _____

Comments _____

