

Sun-shine Aquatics Swim Club Registration Form

<http://sunshinesportshawaii.com>

Name: _____
Last First Middle

Address: _____

Parent/Guardian: _____

Home Number: _____ Work Number: _____

Cell Number: _____ E-mail: _____

Please select a preferred contact method, if any: Home Work Cell E-mail

Physician's Name: _____ Phone Number: _____

Practice Schedule: Please refer to our website to see specific schedules for each group.

Practice Location: Kalani High School, 4680 Kalaniana'ole Hwy. Honolulu, HI 96821

Monthly Fee: \$100/mo for Shark Group; \$95/mo for Dolphin & Pau Hana Group; \$90/mo for Turtle and Combined Group; and \$50/mo for Shrimp and Fish Group. Please make your check payable to "**Sun-shine Sports, LLC**". Dishonored check will be returned with the appropriate bank charge.

Reservation: A regular monthly fee will be charged if you prefer to take a short leave from the program but still to reserve your spot. A 10-day notice will be greatly appreciated, if you decide to terminate your participation as a courtesy to all families on the waiting list.

Cancellation: In any circumstance the practice is cancelled due to weather or facility condition, emergency situation and other reasons and no instruction is offered, a credit will be counted towards the due of the following month.

Contact: For questions, please contact Sunny at (808) 284-2286 or by email at sunny_reno@yahoo.com.

By signing below, I hereby certify that I have read the above information and provided correct information.

Print Name: _____ Signature: _____ Date: _____

Sun-shine Aquatics Swim Club (Sun-shine Sports, LLC.)

Name of Participant: _____
Last First M.I. DOB: _____
(mm/dd/yy)

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that my child is in good physical health and able to participate in all activities of the above named program.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program, which include, but are not limited to dangers that range from minor injuries such as bruises, lacerations, strains and sprains to serious catastrophic injuries, including permanent disability and death, as well as property loss and severe social and economic losses. These risks include, but are not limited to, those caused by (a) the actions, omissions of other coaches, participants, competitors, volunteers, spectators; (b) conditions of the premises or equipment used; (c) rules of play; (d) temperature; (e) weather; and (f) conditions of participants or competitors.

I understand that my child should be covered by a private medical and liability policy; and I further understand that does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of my child being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding my child's participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge the Sun-shine Aquatics Swim Club, Sun-shine Sports, LLC., Kalani High School, State of Hawaii, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my participation in above named program.

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat my child for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the Sun-shine Aquatics Swim Club, Sun-shine Sports, LLC, Kalani High School, State of Hawaii, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY (other than the physician):

1st Person to Contact: _____ Phone: _____
2nd Person to Contact: _____ Phone: _____
3rd Person to Contact: _____ Phone: _____

Print Name of Parents/Guardians Signature of Parents/Guardians Date