Silton Swim School 2024 Private Lesson Registration 1701 Atlantic Ave. Manasquan, NJ 08736

Student's Last Name:	
First Name:	M F
Age as of lessons: Birth date:	/
Mother Cell:	Father Cell:
Mailing Address:	
City:	State:ZIP:
Parent/Guardian Names:	
Email Address:	
Emergency Contact Name & Phone (Other than	parents):
*Please indicate any special health problems: i.e	: Asthma, Food allergies
*List any special learning needs: (i.e: ADD, ODI	D, ASD):
Additional Notes & Comments:	
***Please note-not all requests can be met o	r guaranteed.
Preference for first point of contact by you	r instructor: Call me / Text me
\$30 REGISTRATION/SERVICE	E FEE (Credit Card Only-Visa, Mastercard, Amex)
Credit Card #:	Exp. Date:/ Security Code:
Office Use:	
*Please initial on each line to show that you ha	ave read and understand each policy set forth by Silton Swim School
The \$30 registration/service fee is NON-RE	FUNDABLE.
Any cancellations must be made 24 hours pr	rior to lessons (sudden illness or family emergencies are exceptions).
If you cancel more than 2 times without pro	per notice, lessons may be terminated.
Last minute weather cancellations may be d	etermined by Silton. Your instructor will notify you if the office cancels lessons.
Payment is due at the end of each lesson dir	ectly to your child's instructor, NOT Silton Swim School.

Student's Name:	
All payments for swim lessons must be made dire	ectly to the instructor, NOT Silton Swim School.
Payments accepted: Ca	ash, Check, or Venmo
ALL lessons must be condu	cted at Silton Swim School.
WAIVERS AND RELEASE OF LIABILITY:	
I acknowledge and fully understand that my minor child will be engaging in act activities include (a) swimming and other in-pool activities that may result in tri activities; and (b) other non-pool related activities, such as, but not limited to, and other potential injuries related to non-pool related activities at Silton. I acforeseeable to Silton at this time. To the best of my knowledge, I represent to with my child's participation or impact my child's safety while participating in behalf of my minor child, assume risks of my child's participation and attend related to any injury, including death, my child suffers at Silton. I, Individually its successors, harmless from and against all present and future claims, costs, e permission to the EMT or director, to hospitalize and/or provide proper treatmer Release of Liability, understand its contents, and I recognize that by signing the parent(s) and guardian(s) of my child, we are freely giving up substantial rights	ipping, falling, slipping, drowning and other potential injuries related to in-pool exercise and sporting events that involve the risk of tripping, falling, slipping, acknowledge that there may be other risks not currently known or reasonably Silton that there are no health- related or other conditions which will interfere activities at Silton, unless otherwise noted on this form. I, individually and on dance at Silton, and accept personal responsibility for any costs and expenses and on behalf of my minor child, hereby agree to hold Silton, its affiliates, and expenses, and liabilities. If I cannot be reached in an emergency, I hereby give ent to my child. I acknowledge that I have carefully read the above Waiver and his legally binding agreement on behalf of myself and my child and any other
Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	Date:
WAIVER OF RIGHT TO JURY TRIAL AND AGREEMENT	TO ARBITRATE
I agree on behalf of myself and my child to submit all disputes arising out of binding arbitration before a single arbitrator who shall be a retired judge of New Jersey. I fully understand that I am waiving my right to a trial by jury remedy(ies) for resolving any claims arising out of my child's enrollment at executing this document I am giving up my right to bring a claim in a court	the Superior Court or the United States District Court for the District of in a court of law. I understand and agree that the sole and exclusive at Silton Swim School shall be arbitration and I understand that by

arbitration referenced herein shall be governed by the commercial rules of the American Arbitration Association. I have been informed that those rules are available to read at www.adr.org. I further understand that while the rules of the American Arbitration Association shall apply to any arbitration the arbitration need not and will not be administered by the American Arbitration Association. The arbitration shall be administered by the arbitrator selected by the parties. The arbitrator shall have power to decide any dispute including but not limited to whether or not a dispute is arbitrable under this agreement. The decision of the arbitrator shall be final and binding upon all parties and any award entered in any such arbitration shall be enforceable in a court of competent jurisdiction. I further agree that the arbitration shall take place in Monmouth County, New Jersey. I reaffirm my understanding that by executing this document I am waiving both my right and my child's right to a trial by jury and hereby agree that rather than a court of law that arbitration shall resolve any disputes arising under this registration agreement.

Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	Date: