

Intake Form

PLEASE ENTER THE **STUDENT'S** INFORMATION:

* Starred fields are required

First Name *

Preferred (Nickname)

Middle Name

Last Name *

Sex *

Female Male

Birth Date *

Phones

Home *

Work

Cell *

Email *

Street *

Street 2

City *

State *

ZIP Code *

Emergency Contact

Name *

Relation

Phone *

Name 2 *

Relation 2

Phone 2 *

Does the student have any allergies? •

Bee stings, foods, medicine, etc.

Any pertinent medical history we should know about? •

None, List Allergies, Required Accommodations, etc.

The client currently receives the following services

Physical Therapy Provider

Occupational Therapy Provider

Speech Therapy Provider

Other (Please List)

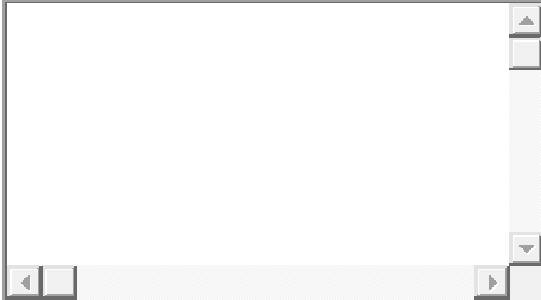
If you check any of the following, please provide more information, if you can

- Sensitive to Touch
- Sensitive to Sound
- Verbal Output is Limited
- Has Diagnosed Hearing Loss
- Not Able to Respond to Verbal Direction
- Has Developmental Delay
- Has cognitive Impairment

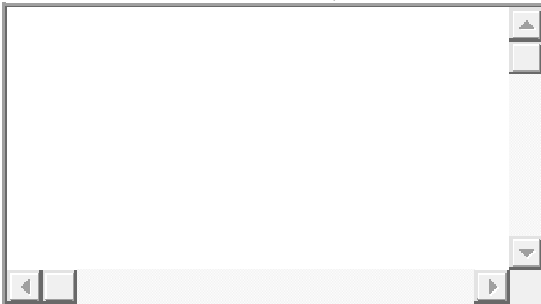
Not Comfortable in a Pool
Agreement to keep medical history updated*

I acknowledge that it is my responsibility to keep Swim with Kara updated on my medical history.

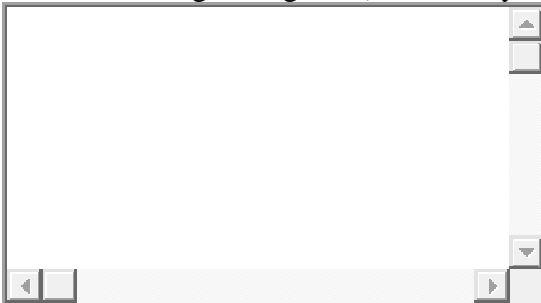
List all the activities the client currently enjoys doing



What are the short term goals you are or the client is hoping to achieve with aquatic therapies, exercises or swim lessons, in the short term (6-12 months)?*



How about long term goals (2 or more years from today)?*



Certification*

I hereby certify that the above information is true and correct to the best of my knowledge

CAREGIVER PRESENCE DURING SESSIONS

I understand that if my child/my dependent is under 18 years old or require assistance with dressing, showering or walking between the pool and shower/restrooms or has severe medical issues, I or a caregiver will always be present during each session.

Caregiver's Name

How did you hear about us? Comments?

Google, Yelp, Friend, Doctor, etc.

Other

Student Agreement and Waiver of Liability Form

General Release

I, the undersigned Participant/ Parent of the Participant, intending to be legally bound, hereby certify that I am/my child is physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in exercising (training and competition), including possible permanent disability or death, and agree to assume all of those risks. As a condition of participation, I the undersigned, hereby assume all risk of injury to my child/myself and absolve and hold harmless all coaches, members, officials, staff and administrators of Swim with Kara and/or any other facility or administering organizations from any and all claims for losses, injuries and/or all consequential damages including attorney fees incurred as a result of any and all Swim with Kara workouts, competitions, events and activities associated with Swim with Kara, whether these losses, injuries and/or consequential damages occur as a result of my sole and/or partial negligence and/or that of any and all coaches, members, officials, staff and administrators of Swim with Kara and/or any other facility administering organizations.

Swim with Kara Student Agreement and Waiver of Liability

Swim with Kara and the undersigned, parent(s)/guardian(s) of the Participant, a minor (“Student”), hereby enter into this Agreement for Swim with Kara to provide a swim program and/or any other service provided by Swim with Kara (“Program”) to Student.

The undersigned represents and warrants the following:

--that Student is in good physical condition and is not aware of any disease or injury that would result in injury to Student during the Program.

--that Student is able to undertake all physical activities and use any facilities or equipment associated with the Program.

--that there are inherent risks in the Student’s participation in the Program, including injuries, damages, and losses of every nature, and do hereby authorize Student to assume all such risks.

--that the Student will refrain from attending pool related Programs when experiencing any of the following conditions:

- open wounds
- infectious skin conditions
- fever
- urinary infection

In the event that Student should suffer an injury or illness, the undersigned does hereby grant permission for the officials of Swim with Kara to have Student transported to a medical facility for medical care and treatment if deemed necessary, and further acknowledge that Swim with Kara has no liability for any costs incurred or damages suffered by Student in connection with the provision of such medical care and treatment.

The undersigned hereby unconditionally waives and releases Swim with Kara, and all parents, affiliates, successors, assigns, officers, directors, representatives, agents and employees thereof, from any and all claims, damages, liability, actions or demands from injury or loss of any nature whatsoever, including any acts of negligence, which Student may have or which may hereafter accrue in connection with the Program.

This Agreement is binding on the undersigned, any personal representatives, assigns, heirs, and next of kin."

Zero Tolerance Policy

Swim with Kara employees and affiliates reserve the right to terminate without refund any session which the student has displayed any form of abuse or foul language.

Swim with Kara Photo Release - I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of the likeness, voice and/or activities of the participant and further authorize Swim with Kara, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless Swim with Kara, its officers and employees from any claims. If you do not wish to be included in our social media, simply tell us not to include your photos. Photos are used for general purposes such as: sharing testimonials, social media outreach, and to generate donations for our scholarship program. If you do NOT want to be featured on camera, please notify the staff. We take your privacy and comfort very seriously and will be more than happy to accommodate. *If you do not wish to have photos used on our social media, please state that in the comments section below.*

Cancellation Policy

I understand and agree that if I fail to cancel or reschedule my/my child/my dependent's appointment less than 24 hours in advance, I will pay the total fee for the service I requested.

Refund Policy

I understand and agree that if I cancel my/my child/my dependent’s appointment more than 24 hours in advance, I will be refunded the full amount for the missed appointment unless it was rescheduled to another date and time.

I agree to Refund / Cancellation Policy

Payment Policy

I understand that Swim with Kara does not bill insurance company/companies on my behalf. I am financially responsible for services provided by Swim with Kara and agree to remit payment to Swim with Kara prior to my appointment. I understand and agree that if I fail to make the payment in a timely manner, I will not be able to meet with Swim with Kara employees at the agreed upon date and time.

By checking this box and submitting this form, you are agreeing to the terms of the Swim with Kara STUDENT AGREEMENT AND WAIVER OF LIABILITY.

All sales are final.

Signature_____

Date_____