

*The *liability waiver* printed on the inside of this invitation must be completed, signed, and returned to ASA for your child to participate.*

HOST'S SPECIAL REQUESTS:

RSVP TO:

TIME: _____

DATE: _____

celebrates his _____ birthday!

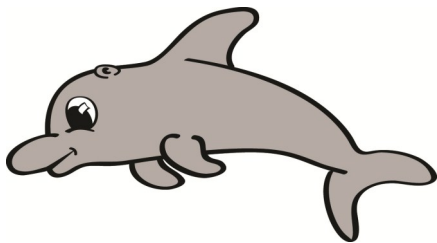
(Birthday Child's Name)

You're invited to join the fun at ASA when

PLEASE NOTE:

In order for your child(ren) to participate in all the party fun, please open this invitation, complete, & SIGN the included *liability waiver*, and return it to ASA on the day of the party.

Thank you!!



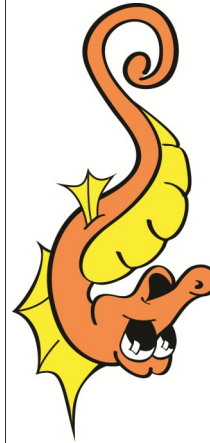
ATLANTIS SWIM ACADEMY (ASA)

12500 Chowen Ave S, Ste 110
Burnsville, MN 55337

Phone: 952-224-4068

www.AtlantisSwimAcademy.com

www.facebook.com/AtlantisSwimAcademy



We are located on the South side of Hwy 13 at the intersection of Chowen Ave S in Burnsville (next to Elite Gymnastics Academy and behind Napa Auto Parts).

LOCATION:
12500 Chowen Ave S, Ste 110
Burnsville, MN 55337

PLEASE NOTE:
Kids 3 yrs. & under must have an adult in the pool with them. Only Coast-Guard rated life jackets may be worn in the pool. Non-swimming parents and guests adults are welcome to watch the party fun from the lobby or pool-side viewing area. The party time in the lobby begins. minutes after pool time to change clothes before encouraged to bring your own. You will have 15 Goggles will be available to use, but you are encouraged to bring your own. You will have 15 disposable swim diaper under a cloth swim diaper. under and those not yet potty-trained must wear a please bring your swimsuit! Children ages 3 & under must have an adult in the pool time, so

WHAT TO WEAR:

JOIN THE BIRTHDAY FUN



AT

ATLANTIS 
SWIM ACADEMY



SWIM WAIVER

12500 Chowen Ave S, Ste 110 • Burnsville, MN 55337
Phone: (952) 224-4068 • Fax: (952) 882-9015
www.AtlantisSwimAcademy.com

Student 1: _____ Date of Birth: ____/____/____ M F
First Last

Student 2: _____ Date of Birth: ____/____/____ M F
First Last

Student 3: _____ Date of Birth: ____/____/____ M F
First Last

Student 4: _____ Date of Birth: ____/____/____ M F
First Last

HEALTH ISSUES: Please list below all physical/mental handicaps, allergies, recent injuries, and/or medical conditions (e.g. asthma)

Mother's Name: _____ Phone: () _____ - _____
First Last

Father's Name: _____ Phone: () _____ - _____
First Last

Address: _____
Street City State Zip Code

Preferred Email Address: _____

How did you hear about us? Internet Search EGA Drive by Ad/Mailing Birthday Party Event/Parade
 Friend: _____
First Last

Emergency Contact (*non-parent*): _____ Phone: () _____ - _____

INFORMED CONSENT & WAIVER/RELEASE OF LIABILITY

I, the undersigned, as the parent/legal guardian of the child(ren) listed on this form agree and understand that swimming is a hazardous activity, and I recognize there are risks inherent in the sport of swimming, including, but not limited to, paralyzing injuries and death.

In registering my minor child(ren) to participate in Atlantis Swim Academy, LLC swim lessons, programs, and/or events, I am agreeing to indemnify and hold harmless Atlantis Swim Academy its instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to my child(ren) while participating in Atlantis Swim Academy, LLC swim lessons, programs, or events. I also agree to indemnify Atlantis Swim Academy, LLC for any damages incurred arising from any claims, demand, action, or cause of action by my child(ren). Atlantis Swim Academy, LLC assumes no responsibility for any personal property placed in or about the facility.

As the parent/guardian, I authorize any representative of Atlantis Swim Academy, LLC to have my child(ren) treated in any medical emergency during their participation in Atlantis Swim Academy, LLC swim lessons, programs, or events. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and emergency transportation for the participant.

PHOTOS AND/OR VIDEO

I also understand that photos and/or video are occasionally taken at Atlantis Swim Academy, LLC, and any photo and/or video taken of my child(ren) may be used for Atlantis Swim Academy, LLC publicity and promotional purposes. I hereby grant permission to Atlantis Swim Academy, LLC to use, edit, and reuse my child(ren)'s photograph or likeness in any publicity or promotional media materials including use in print, on the Internet, and all other forms of media. I also hereby release Atlantis Swim Academy, LLC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Signature: _____ Date: _____