



## 2024 Registration January—March

If you are interested in a program or event listed in the brochure that isn't on this registration form, don't worry!  
 Dates and rates for programs and events will be released on a seasonal basis.

Check all you are registering for:

DATE	PROGRAM	AGE	TIME	DEPOSIT	FULL COST
<input type="checkbox"/> 1/6	Paws & Books	All	9:00-10:00 AM	NA	<input type="checkbox"/> \$10
<input type="checkbox"/> 3/2	Music & Movement	5+	9:00-10:00 AM	NA	\$25
<input type="checkbox"/> 1/13-3/2	Saturday Water Exploration	3+	AM Call for times	<input type="checkbox"/> \$180	<input type="checkbox"/> \$340
<input type="checkbox"/> 1/13-3/2	Saturday Swim Lessons	4+	AM Call for times	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400
<input type="checkbox"/> 1/6	Saturday Open Gym	All	<input type="checkbox"/> 10:30-11:30	NA	<input type="checkbox"/> \$10
<input type="checkbox"/> 2/3	*cost is per child participant, one caregiver per family required to attend with their children			NA	<input type="checkbox"/> \$10
<input type="checkbox"/> 3/2			<input type="checkbox"/> 11:30-12:30		<input type="checkbox"/> \$10
<input type="checkbox"/> 1/6	<input type="checkbox"/> Saturday Adult Open Swim	All	<input type="checkbox"/> 1:00-2:30	NA	<input type="checkbox"/> \$15
<input type="checkbox"/> 1/20					
<input type="checkbox"/> 2/3	<input type="checkbox"/> Saturday Family Open Swim	All	<input type="checkbox"/> 2:30-4:00	NA	<input type="checkbox"/> \$15
<input type="checkbox"/> 2/17					<input type="checkbox"/> \$15
<input type="checkbox"/> 3/2					<input type="checkbox"/> \$15
<input type="checkbox"/> 3/16					<input type="checkbox"/> \$15
	*No Family Swim 2/3—Polar Plunge Fundraiser during this time, more information to come				

\*If a program does not require a deposit, you must pay the full amount of the class at registration

\*\*Children under 5 must be accompanied by a caregiver

Total Deposit: \_\_\_\_\_  
 Total Payment: \_\_\_\_\_

### Payment Method:

Method of Payment (check only one)

- Visa     MC---American Express  
 Check #: \_\_\_\_\_  
 Make checks payable to:  
 St Croix Therapy, Inc

Credit Card # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Verification Code #: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_  
 Cardholder's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian/Emergency Contact Name: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Dietary Concerns/Needs: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

**Please Initial next to each section:**

- Registration Requirements:  
 Participant will not be able to attend the program without the following:
  - A complete Registration Form
  - If applicable a non-refundable and non-transferable deposit per program/per participant is due at the time of registration. Remaining balance must be paid one week prior to the start date of program.
- Cancellations & Transfers:  
 Request must be made in writing to two weeks prior to the program. With notice refund (less the deposit) will be provided. No monies will be refunded without a two-week notice.
- Drop off and pick up: drop off on time and pick up 10 minutes early to leave time for transitions.
- Assumption of Risk & Waiver of Liability must be signed.
- Children under 5 must be accompanied by a caregiver.
- Photo Release & Waiver of Liability must be signed.

I have read, I understand, and I agree to abide by the above policies/statements.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assumption of Risk and Waiver of Liability**

Participation at St Croix Therapy (SCT) involves elements of risk to participants. In consideration of my being allowed to participate at St Croix Therapy, located at 742 Sterbenz Dr., Hudson WI, the participants and their parent(s)/guardian(s), for themselves and their families, heirs, administrators, estates, and executors, voluntarily agree to assume all inherent risks incidental to St Croix Therapy, and agree that St Croix Therapy, its members/owners, employees, agents, sponsors, volunteers, instructors, the owners of the host site, and their successors and/or assigns ("SCT"), are not liable for, and I/we hereby release SCT from, any and all claims for cost, damages, death and/or injury to the fullest extent allowed by law resulting from those participating at St Croix Therapy, even if arising from ordinary negligence of SCT. Participants and/or visitors agree to observe all rules of St Croix Therapy.

**Medical Certification & Release**

In the event of any medical emergencies, I authorize St Croix Therapy to take whatever actions it deems necessary (including transport to medical service providers), and I agree to assume full responsibility for all cost associated therewith.

I have read, fully understand (including that I am giving up legal rights/remedies which may be available to me), and voluntarily agree to the above medical authorization and waiver.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

I hereby give my consent to use all photographs, audio and/or video recordings taken of me or my minor child. I understand that such media materials become the property of St Croix Therapy (SCT) and may be used as determined by SCT for educational, instructional, or promotional purposes in printed, recorded, or other electronic formats.

\_\_\_\_\_ I do give consent \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_ I do not give consent \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)