AquaKids® Enrollment Form

Last Name	Student Name	DOB	Age
	Student Name	DOB	Age
	Student Name	DOB	Age

Mother's Name_____ Cell Phone_____

Home Phone _____

Father's Name_____ Cell Phone_____

E-mail address_____

Address_____ City_____ Zip_____

Mother's Employer_____ Work Phone_____

Father's Employer_____ Work Phone_____

How did you hear about AquaKids®, Inc.? _____

Does the student have any physical or learning disabilities? _____ No _____Yes

If so, explain: _____

Emergency Contact (someone other than yourself):

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Please read and initial the following policies.

_____ I understand that swim lessons should never replace constant adult supervision.

_____ I understand that AquaKids® reserves the right to reschedule any class with enrollment of 2 or less students.

_____ I understand that due to operational costs, tuition for swim lessons is **nonrefundable** and credit is given **only** in the event of a medical emergency.

_____ I understand that make-up lessons are offered as a courtesy to the customers of AquaKids®, and that there is no guarantee that the make-up times will be convenient with my schedule. Following one free make-up lesson, I agree to pay a $3.00 make-up fee for group lessons and a $10 fee for private lessons. **This fee is due at the time I schedule my make-up lesson and is non-refundable should I cancel the lesson.** Unless pre-arranged or approved by a manager, I understand that AquaKids® does not offer make-up lessons for swim camps due to the accelerated pace of the session. All make-up classes must be completed during the session in which the class was missed. The make-up policy does not apply to classes cancelled by AquaKids®.

_____ AquaKids® is not responsible for any lost or stolen personal items.

_____ I will notify AquaKids® if my child comes under a physician's care during the course of instruction.

_____ I give permission for all photos taken by AquaKids® to be used in advertising.

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Parent/Guardian Signature_____ Date_____