



Swimming Programs * PO BOX 560055 * Miami, Florida * 33256-0055
 Main Office: 305-232-4222 * WCS Pool Cell: 786-255-0284
aquakids.info OR aquakidsswim.com

*2019 Fundamental Swim Camp
 Registration / Enrollment Agreement Form*

Name: _____ Age: _____

School (in September 2019): _____ Birth Date: _____

Parent (Names): _____

Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

REGISTRATION & TUITION

Please circle: *FUNDamental* Half or Full Day, plus Week #'s

Swimmer #1: Weekly Tuition: _____ X _____ # of Weeks enrolled + Registration Fee: _____ = Total: _____

Circle for ENROLLMENT: Half Day or Full Day SUMMER Wk. #: 1 2 3 4 5 6 7 8 9 10

Tennis Option for Half Day Campers (stay Full Day on Tues. and Thurs): # of Weeks: _____ X \$ _____ per week = _____

T-shirt size(s): _____ Total Amount Paid: _____

Medical Conditions (if any): _____

Emergency Contact: _____
Name Emergency Contact Phone Numbers

TERMS & CONDITIONS OF ENROLLMENT:

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, the parent and/or guardian of the above-named participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in the AquaKids Swimming programs and hereby agrees to indemnify and hold harmless AquaKids, Inc. and Westminster Christian School, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the AquaKids program. The participant also agrees to indemnify AquaKids, Inc and Westminster Christian School for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of AquaKids to have the participant treated in any medical emergency during their participation in the AquaKids Swimming programs. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on the Registration Form any medical/health problems of which the staff should be aware. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Further, I have read, understand and agree to the "ENROLLMENT PROCEDURES AND TERMS". I understand Fee and Tuition structure (including the \$35 returned check fee and late pick-up fees), there are **NO REFUNDS/MAKE-UP DAYS** and agree to assume full responsibility for the payment of the fees.

 Signature of Parent OR Legal Guardian

 Date

Return completed with full payment to the WCS pool office OR mail to: AquaKids PO Box 560055, Miami, and FL 33256-0055