



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

Swim School Program @ Westminster Christian School
 2019 Enrollment Agreement Form

Name: _____ Age: _____

School (in September 2018): _____ Birth Date: _____

Parent(s): _____

Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Class Request:

(Please request 2 choices!)

Type (please circle): Parent-Tot or Individual

1st Session Choice (#): _____ Time: _____

2nd Session Choice (#): _____ Time: _____

MY CHILD WILLINGLY PUTS HIS OR HER HEAD UNDER THE WATER COMFORTABLY
 WITHOUT A FLOATATION DEVICE OR GOGGLES (please circle one): YES / NO
 (If NO and 3 or older, you must enroll in Individual Lessons)

Medical Conditions (if any): _____

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: AquaKids PO Box 560055, Miami, and FL 33256-0055