



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

Swim School Program @ Westminster Christian School
2021 Enrollment Agreement Form

Name: _____ Age: _____

School (in September 2020): _____ 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.

In consideration of being allowed to participate in any way in the AquaKids, Inc. Swimming program, its related events and activities, I, _____ (name of participant) , the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE AquaKids, Inc. Swim School, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, to the fullest extent permitted by law.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

I agree to be present and observe my child at all times during the swimming lessons.

x _____ PHONE #: _____ Date Signed _____

PARENT/GUARDIAN'S SIGNATURE

Return completed with full payment to: AquaKids PO Box 560055, Miami, and FL 33256-0055