

**SOUTHWEST AQUATICS
HOME OF PEDIASWIM**

(407) 905-0999
(407) 905-5268(FAX)
www.SouthWestAquatics.com

Registration Form

**205 WINDERMERE RD
WINTER GARDEN, FL 34787**

Responsible Party

Father's Name: _____

Street: _____

Occupation: _____

City: _____

Mother's Name: _____

State: _____

Occupation: _____

Zip: _____

Phone Numbers

Home: _____

Dad's Cell: _____

Mom Cell: _____

Email: _____

Student

First and Last Name _____

DOB: _____

Gender: M F

Primary Physician's Name _____

How did you hear about SouthWest Aquatics? _____

List any and all physicians, therapists, or other medical personnel this child has been seen by and the purpose for the visit excluding well check-ups as well as any physical exceptionalities:

I give permission for me/my child to participate in aquatic activity. I/My child am/is in good health and physical condition, and am/is not suffering from any condition that would prevent me/my child from engaging in this activity. Photographs and video may be taken in conjunction with lessons. I understand and agree that they may be used for informational and advertising purposes. **One time administration and pool fee of \$55.00 per student.** Payments are due on the 1st of the month. Check box below to be billed automatically each month to your credit card. However, if no payment is made by the 10th all delinquent accounts will be charged to your credit card. Please complete the credit card information. I have acknowledged the payment policy and understand there are **NO REFUNDS**. Thank you.

Bill my credit card automatically each month.

Mastercard _____ Visa _____ Credit Card Number: _____ Exp. Date _____ V Code # _____

Please read carefully and be aware that in registering your minor child for participation in this program, you will be waiving and releasing all claims for injuries you or your child might sustain as a result of participation in any class or activity conducted by SouthWest Aquatics, its agents and employees. As a parent/guardian of a participant in SouthWest Aquatics, I recognize and acknowledge that there are certain risks associated. I agree to assume full responsibility of any injuries, property damage, or loss, which I, or my minor child, may sustain as a result of participating in any and all activities connected with or associated with SouthWest Aquatics. I agree to indemnify and hold SouthWest Aquatics harmless from any liability resulting from the use of premises and waive and relinquish all claims against SouthWest Aquatic facility and the owners that I or my minor child may sustain as a result of participating in any SouthWest Aquatics program. I have ready and fully understand the above waiver and release of all claims, and it shall not be modified orally.

I have acknowledged the payment policy and understand there are **NO REFUNDS**. Checks payable to: SouthWest Aquatics. Please include your child/children's name, the instructor's name and the dates(s) of the lesson(s). MasterCard/Visa accepted. Thank you.

Student (Parent signature for student under 18 yrs. of age)

Date