

SWIM LESSON REGISTRATION FORM

PARENT NAME	DATE//	JCC MEMBER Y / N
ADDRESS	CITY	ZIP
EMAIL	PHONE #	
SWIMMER'S NAME	M / F DATE OF BI	(RTH//
CLASS NAME <u>Adaptive Lesson</u>	DAY <u>Sunday</u>	TIME
MEDICAL CONDITIONS		
HOW DID YOU HEAR ABOUT US?		
PLEASE READ AND INITIAL EACH POLICY		
I UNDERSTAND THAT NO REFUNDS	ARE GIVEN FOR MISSED/UNUSE	D LESSONS.
I UNDERSTAND THAT IF ANY REFU	•	E MUST BE PROVIDED,
I UNDERSTAND THAT FAMILIES WI LESSONS WILL RECEIVE A 10% DIS CHILD.		
I UNDERSTAND THAT IF AN INSTRU SWIMMERS WILL NOT BE ABLE TO	•	
I UNDERSTAND THAT THE MILTON CLASS DESIGNATIONS AT ANY TIM		THE RIGHT TO CHANGE
I UNDERSTAND THAT I MUST SIGN INTENDED SCHEDULED LESSON.	UP THE BUSINESS DAY (Monday	-Friday) BEFORE MY
I UNDERSTAND THAT I MUST PAY A LESSONS. LESSON SPOTS WILL BE YOUR SPOT WILL NOT BE HELD FRO	SOLD AS A FIRST COME FIRST SE	
I UNDERSTAND THAT THERE IS NO WATER WHEN IT IS THEIR CLASS T		
I UNDERSTAND THAT THERE ARE C ACTIVITIES. I HEREBY AGREE TO A DURING SWIM LESSONS.		
I UNDERSTAND THAT I MUST FILL OF SWIM LESSON PARENT QUESTIONS		
I HAVE READ THE ABOVE POLICIES AND UNDERS OF THIS STATEMENT.	TAND THEIR CONTENT, AND I HA	VE RECEIVED A COPY
SIGNATURE		E/
UPDATED 4.7.16	Payment inform	ation continued on back



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AMOUNT OWED \$	SESSION
TYPE OF PAYMENT (CHOOSE ONE)	
CASH	
CHECK CHECK NUMBER	
CREDIT CARD (VISA, MASTERCARD, A	•
NAME ON CARD	
MY SIGNATURE BELOW AUTHORIZES THE JCC TO CI	HARGE MY CREDIT/DEBIT CARD FOR SWIM LESSONS.
SIGNATURE	DATE/
FOR OFFICE USE ONLY	
CREDIT CARD WAS AUTHORIZED ON	BY PHONE/EMAIL
TO PAY FOR SESSION	
CREDIT CARD WAS AUTHORIZED ON	
TO PAY FOR SESSION	
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CREDIT CARD WAS AUTHORIZED ON	BY <u>PHONE/EMAIL</u>
TO PAY FOR SESSION	
KATZ JCC 501 N. JEROME AVE., MARGATE, NJ 08	3402 609.822.1167 EXT. 133 JCCATLANTIC.ORG