



SUMMER - SWIM LESSON REGISTRATION FORM

PARENT NAME _____ D.O.B ____/____/____ DATE ____/____/____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE # _____

SWIMMER'S NAME _____ SEX: M / F D.O.B ____/____/____

CLASS NAME _____ DAY _____ TIME _____

PLEASE CIRCLE THE SESSION:
SUMMER SESSION A SUMMER SESSION B SUMMER SESSION FULL

WATER SURVIVAL WEEK - 1 2 3 4 5 6 7 8 9 10 11

SWIMMER'S NAME _____ SEX: M / F D.O.B ____/____/____

CLASS NAME _____ DAY _____ TIME _____

PLEASE CIRCLE THE SESSION:
SUMMER SESSION A SUMMER SESSION B SUMMER SESSION FULL

WATER SURVIVAL WEEK - 1 2 3 4 5 6 7 8 9 10 11

MEDICAL CONDITIONS _____ HOW DID YOU HEAR ABOUT US? _____

PLEASE READ AND INITIAL EACH POLICY

_____ I UNDERSTAND THAT THERE ARE NO MAKEUP LESSONS PER SESSION DURING THE SUMMER 2 SESSIONS

_____ I UNDERSTAND THAT THE SUMMER SESSION 2 WILL BE BROKEN DOWN INTO TWO, FOUR-WEEK SESSIONS

_____ I UNDERSTAND THAT I CAN SIGN UP FOR A FOUR-WEEK SESSION, OR THE EIGHT-WEEK SESSION DURING THE SUMMER SESSION 2

_____ I UNDERSTAND THAT SIGNING UP FOR A FOUR-WEEK SESSION, IT WILL NOT BE PRORATED FOR ANY PAST, OR FUTURE SESSIONS.

_____ I UNDERSTAND THAT NO REFUNDS ARE GIVEN FOR MISSED/UNUSED LESSONS.

_____ I UNDERSTAND THAT IF ANY REFUNDS ARE GIVEN, A DOCTORS NOTE MUST BE PROVIDED, AND THERE WILL BE A \$25 PROCESSING FEE APPLIED.

_____ I UNDERSTAND THAT FAMILIES WITH MULTIPLE CHILDREN ENROLLED WITH THE JCC SWIM LESSONS WILL RECEIVE A 10% DISCOUNT ON LESSONS FOR THE SECOND, THIRD CHILD, ETC.

_____ I UNDERSTAND THAT IF AN INSTRUCTOR IS ABSENT, ANOTHER INSTRUCTOR WILL FILL IN. SWIMMERS WILL NOT BE ABLE TO MAKE UP A LESSON BECAUSE THE INSTRUCTOR IS ABSENT.

_____ I UNDERSTAND THAT THE MILTON AND BETTY KATZ JCC RESERVES THE RIGHT TO CHANGE CLASS DESIGNATIONS AT ANY TIME.



SUMMER - SWIM LESSON REGISTRATION FORM

_____ I UNDERSTAND THAT I MUST SIGN UP THE BUSINESS DAY (Monday-Friday) BEFORE MY INTENDED SCHEDULED LESSON.

_____ I UNDERSTAND THAT I MUST PAY AND SIGN UP FOR EACH SESSION BEFORE ATTENDING LESSONS. LESSON SPOTS WILL BE SOLD AS A FIRST COME FIRST SERVE BASIS; THEREFORE YOUR SPOT WILL NOT BE HELD FROM SESSION TO SESSION.

_____ I UNDERSTAND THAT THERE IS NO FREE SWIM DURING LESSON TIMES. STUDENTS ENTER THE WATER WHEN IT IS THEIR CLASS TIME AND EXIT AT THE END OF THE LESSON.

_____ I UNDERSTAND THAT THERE ARE CERTAIN RISKS INVOLVED WITH SWIMMING AND RELATED ACTIVITIES. I HEREBY AGREE TO ASSUME ALL LIABILITY FOR MYSELF AND MY CHILDREN DURING SWIM LESSONS.

I HAVE READ THE ABOVE POLICIES AND UNDERSTAND THEIR CONTENT

SIGNATURE _____

DATE ____/____/____

AMOUNT OWED \$ _____

SESSION _____

TYPE OF PAYMENT (CHOOSE ONE)

_____ CASH

_____ CHECK
CHECK NUMBER _____

_____ CREDIT CARD (VISA, MASTERCARD, AMEX, DISCOVER)

CARD NUMBER _____

EXP DATE ____/____

NAME ON CARD _____

CVV _____

MY SIGNATURE BELOW AUTHORIZES THE JCC TO CHARGE MY CREDIT/DEBIT CARD FOR SWIM LESSONS.

SIGNATURE _____

DATE ____/____/____