



# 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:  
FALL 1      FALL 2      WINTER 1      SPRING 1      SPRING 2

SWIMMER'S NAME \_\_\_\_\_ SEX: M / F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

PLEASE CIRCLE THE SESSION:  
FALL 1      FALL 2      WINTER 1      SPRING 1      SPRING 2

MEDICAL CONDITIONS \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

PLEASE READ AND INITIAL EACH POLICY

\_\_\_\_\_ I UNDERSTAND THAT THERE ARE NO MAKEUP LESSONS PER SESSION

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.



# SWIM LESSON REGISTRATION FORM

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 \_\_\_\_/\_\_\_\_/\_\_\_\_