



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 ____/____/____