



# FAMILY SWIMMER DATA

Registration Date \_\_ / \_\_ / \_\_

Last Name \_\_\_\_\_

### Swimmers

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home # \_\_\_\_\_ Phone Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_  
(If applicable) (If applicable)

Contact in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

### CLASS TYPE

PRIVATE: \_\_ SEMIPRIVATES: \_\_ GROUP LESSONS: \_\_ SMALL GROUP: \_\_ PRETEAM: \_\_ TEAM: \_\_ ADULT FITNESS: \_\_

I DO HEREBY VOLUNTARILY SUBMIT MY CHILD'S/MY APPLICATION FOR ATTENDANCE AND PARTICIPATION IN SWIM AT THE "J" AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURES OR LOSSES THAT MY CHILD/I MAY SUSTAIN OR OCCUR WHILE ATTENDING OR PARTICIPATING AND HEREBY WAIVE ALL CLAIMS AGAINST THE DAVE AND MARY APLER JCC OR ANYONE ASSOCIATED WITH THIS PROGRAM.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_  
PARENT/GUARDIAN OR ADULT PARTICIPANT

NOTE: THIS FORM IS TO BE FILLED OUT COMPLETELY AND FILED IN THE OFFICE OF SWIM GYM, BEFORE THE CHILD OR ADULT IS ALLOWED TO PRACTICE. (Permission is granted to reproduce this form entirely)

Received by: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_ Initial # of lessons \_\_\_\_\_ QB \_\_\_\_\_ TM \_\_\_\_\_

I \_\_\_\_\_ understand that there is a 24-hour cancellation policy at Swim Gym. If I fail to cancel my lesson prior to the cancellation period, I will be charged a \$5 rescheduling fee. We appreciate your understanding and cooperation with this policy.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEE REVERSE SIDE.  
NO REFUNDS**

Thank you for allowing us to be part of your Aquatic Education. PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER

If you have any questions or concerns, you can reach us at the following:  
Office: (305) 271-9000 x.287 Email: swimgym@swimgym.net Web: www.swimgym.net