

Swim Lesson Registration Form

Please be sure to read the Policies for Missed Classes and Make ups.

1. Student's Name: _____ Date of Birth: _____

Session #: 1 Class Day: _____ Class Time: _____ Level: _____

Second Choice: Class Day: _____ Class Time: _____

2. Student's Name: _____ Date of Birth: _____

Session #: 1 Class Day: _____ Class Time: _____ Level: _____

Second Choice: Class Day: _____ Class Time: _____

Parent Name: _____ Phone (h): _____

Address: _____ (c): _____

(Initial) _____ I have read the Swim Lesson Policies for Missed Classes, Makeups, and Refunds.

LEVEL EVALUATIONS are required for **ALL NEW** students. Any student who is registered for an inappropriate level-without having an evaluation- will be removed from the class. The student may be moved to an appropriate level class- if space is available- or will be issued a class credit. We will **NOT** issue refunds for students who were registered without an evaluation.

Scheduling an evaluation: Please fill out an Evaluation Form and turn it in to the front desk. Evaluations only take a few minutes. however, your child(ren) can play in the pool for 30 minutes after the evaluation.

Class schedules/rosters will be posted in the pool area 2 days before classes are scheduled to start.

Release Agreement

1. Student's Name: _____

2. Student's Name: _____

I authorize Quince Orchard Swim & Tennis Club to administer first aid and/or authorize medical treatment if this becomes necessary. The above named student(s) have had a medical examination within the last twelve months and are capable of participating in aquatic programs. I consent to Quince Orchard Swim & Tennis Club's use of photographs or videotapes made of swimming lessons for advertising their aquatic program.

Authorized Signature: _____ **Date:** _____

Special medical conditions of which we should be made aware:: _____

Emergency Contact: _____ Phone: _____