

Spring 2017

Session #: _____

Tuesday ONLY

3:50 4:30 6:15 6:50



www.aquafitplano.com

972-578-7946

Added to Google Docs Roster
 Added to MindBody
 Special Instructor Notes
 Evaluation Needed
 Amount Paid: \$_____ Date: _____
 Balance Due: _____ Date: _____
 Level: _____

To register for **Spring 2017 Learn to Swim:**

1. Complete the registration form below; one form per swimmer. Cost is \$99 for 6--30 minute classes.
2. Include **\$40 Single / \$55 Family Enrollment Fee** one time per year.
3. Make **checks payable to Aqua-Fit**.
4. All non-potty trained swimmers **MUST** wear our Splash About Swim Suit.
Available for purchase at the front desk. **\$100 pool cleaning fee will apply if accident occurs.**

**Please register my child for the following swim session date(s): 6-30 minute lessons on Tuesday:
(Circle the session your child would like to attend):**

#1: March 14th

#2: April 25th

Please circle one: NEW or RETURN Swimmer Age _____ (at time of lesson)

First Name: _____ Sex: M/F Last Name: _____ Birth Date: _____

Parent's Name: _____ Address: _____

City: _____ Zip: _____ Home Phone #: _____ Best #: _____

Email Address (*please print neatly*): _____

Is your child potty-trained? _____

Will the swimmer go under water? _____

Can the swimmer jump into the pool, come up for a breath and swim to safety? _____

Does the swimmer have any fears or disabilities that we need to be aware of? _____

Do you own a pool? _____ Referred By: _____

Swim Level (Front Desk Use Only) (which level best describes your child's swim abilities at the end of his/her last swim lessons?):

Preschool Beginner/Advanced Beginner Older Beginner Level 1
 Level 2 Level 3 Level 4

(Please make additional comments on the back of this form)

We, the undersigned, parents or legal guardians of the Applicant whose name appears hereof, for in consideration of such applicant's participation in the instructional and recreational programs of Aqua-Fit, Swim & Wellness Center, Aqua-Fit Aquatic Enterprises, LLC do herewith and hereby agree to indemnify and hold harmless the said, Aqua-Fit Swim & Wellness Center and Aqua-Fit Aquatic Enterprises, LLC, its officers, instructors, employees and agents, from any and all liability loss, or damage, including reasonable attorney's fees resulting from any claims, causes of action, demands, costs or judgments against said Aqua-Fit, Swim & Wellness Center, Aqua-Fit Aquatic Enterprises, LLC, its officers, instructors, employees and agents, from whatsoever extent or nature, including without limitation any injury, illness or accident to such Applicant's participation in any way in any program or course of instruction of the said Aqua-Fit Swim & Wellness Center, Aqua-Fit Aquatic Enterprises, LLC.

I understand all enrollment and tuition fees are due at the time of enrollment and are **NON-REFUNDABLE**.

A \$10.00 fee will be charged for changing class sessions or times.

I also understand I am paying for the space in this class; not for his/her attendance. Make-up classes for illnesses, travel etc... will **NOT** be offered unless it is a class rescheduled due to weather or reasons caused by Aqua-Fit. Thank You!

Date: _____ Parent or Guardian: _____

1400 Summit Ave. Suite D-2 Plano, Texas 75074

01/09/17

One Time Per Year Annual Enrollment Fee: \$40 Single or \$55 Family (2 or More) - Non-Refundable