

AQUATIC SOLUTIONS

CREATING POSITIVE WATER EXPERIENCES

www.aquaticsolutionscoop.com

2021 HEALTH AND SAFETY COURSE REGISTRATION FORM		
Name:	Registration Date:	
Parent's Name:	Home Phone:	
Address/ZipCode:	Cell Phone:	
*E-mail Address:	Work Phone:	
*By providing my E-mail address, I am consenting to receive information via E-mail from Aquatic Solutions. Any further distribution of my E-mail address is unauthorized.		
Course Session and Name. (List alternate dates.)	Course Date	Course Fee
1.		
2.		
3.		
Check # _____	TOTAL	

Cash or Zelle payments – 713-516-7224 _____

WAIVER OF LIABILITY: I hereby, for myself, my heirs, agents and administrators, waive and release any and all rights and claims for damages I may have against Aquatic Solutions, Kingwood Lodging Group, LaQuinta Inn and Suites, Homewood Suites by Hilton, WW Diving, Walden Country Club, Gillespie Enterprises, their sponsors, respective agents, representatives, successors, for any and all injuries suffered by me or my child during this course/class. . **I hereby affirm that I and/or my child(ren) are in good physical condition and do not suffer from any disability that would prevent or limit my/their participation in these courses.**

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Parent's signature if under 18.)

To receive the course completion certificates for all American Red Cross courses, the participant must:

- Attend ALL class sessions (On-line and Classroom) and read the on-line manuals if required.
 - Demonstrate competency in all required skills and activities.
 - Correctly answer at least 80 percent of the questions in the final written exam when required.
- *Before sending your registration form please make sure that all information is accurate and all initials and signatures for participants and guardians are complete. Incomplete registration forms will not have reserved space in requested class until completed in full.

***Fees are due at time of registration. Credit Card charge-backs subject to \$75 administrative fee and revocation of certifications until payment in full for course and administrative fees are received.** Initials _____ Parent's Initials _____

* Please make checks payable to: **Aquatic Solutions** Zelle payments – 713-516-7224
 ~If you need assistance please email dgills2010@gmail.com or text/call 713-516-7224.~

"Quality Programming on the Cutting Edge of the Aquatic Fitness Industry."
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