

AQUATIC SOLUTIONS

CREATING POSITIVE WATER EXPERIENCES

2024 HEALTH AND SAFETY COURSE REGISTRATION FORM		
Name:	Registration Date:	
Parent's Name:	Home Phone:	
Address:	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 Cooperative. Any further distribution of my E-mail address is unauthorized.		
Program Session and Name. (List alternate dates.)	Course Date	Course Fee
1.		
2.		
Check # _____ Payable to: AQUATIC SOLUTIONS		Total
Cash or Zelle payments – 7135167224		

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 Cooperative, Kingwood Lodging Group, LaQuinta Inn and Suites, WW Diving, Walden Country Club, DGills Enterprises, their instructors, sponsors, respective agents, representatives, successors, for any and all injuries suffered by me or my child during this program. **I hereby affirm that I and/or my child(ren) are in good physical condition and do not suffer from any disability or medical condition that would prevent or limit my participation in the program listed above.** _____ Initials

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

- Attend ALL class sessions (Online and Classroom) and read the online 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.

We cannot provide make-ups in group lessons/classes if you/your child misses due to illness or for personal reasons. _____ Initials

- I understand that the techniques learned in this course are ONLY for my personal use.
- Photography/Video Taping of class instruction is prohibited without prior consent and will be determined at the instructor's discretion. _____ Initials

*Before sending your registration form please make sure that all information is accurate and all initials and signatures for participants and guardians are complete.

***Fees are due at time of registration.**

Signature: _____ Date: _____

(Parent's signature if under 18.)

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