

AP SWIMMING LLC**REGISTRATION FORM**

Name of Swimmer: _____

Date of Birth: _____

Level of Swimming: (circle one) ADVANCED INTERMEDIATE BEGINNNER

Any Medical/Health issues of swimmer(s) which should be noted to our staff **Yes** **No**

Additional swimmer: _____

Date of Birth: _____

Level of Swimming: (circle one) ADVANCED INTERMEDIATE BEGINNNER

Any Medical/Health issues of swimmer(s) which should be noted ? **Yes** **No**

If yes, please explain _____

Name of Parent: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____

Cell Phone: _____

Requested Session# _____**Time slot** _____**FOR AP SWIMMING USE ONLY**

Approved Session# _____
Dates _____
Times _____
Transaction Number _____ Signature _____

AP SWIMMING LLC

POLICIES

Non-Refundable Registration Fee:

☐ \$35 (one swimmer) ☐ \$25 (each additional swimmer)

Tuition Fees are Non-Refundable:

Full tuition and registration fee is due **5 days before the start of each session.**

Cancellation:

Please note: only one makeup class will be provided and subject to the following:

We require 4 hours notice for an individual lesson cancellation. Please email Andrew@APSwimming.com if your child will not be attending a class. If we are given less than 4 hours notice, we cannot offer a make-up lesson.

We swim in the rain. If lightning and thunderstorms are present, we do not swim. Group make-up classes for weather or medical related cancellations will be offered at a later date.

A parent/guardian must be present during their child's lesson. Siblings are welcome to come along if they are not in the pool area, sitting in our designated area, and do not interfere with or disrupt lessons. Please do not bring a swimmer displaying symptoms of illness to our facility.

No food or drinks (other than water) are allowed near or around the facility.

I acknowledge that the information I have provided is accurate and by registering my child (ren) I agree to all terms , fees and policies noted on Pages One and Two.

Name_____

Signature_____

DATE_____

AP Swimming LLC**Waiver Form Agreement and Release of Liability**

Name of swimmer: _____

Date of Birth: _____

Additional swimmer: _____

Date of Birth: _____

I agree to assume all liability for my child(ren) and myself without regard to fault while at AP SWIMMING LLC .

Swim lessons are an activity that involve risk. I am voluntarily allowing my child(ren) to participate in these swim lessons with knowledge of the danger involved, and hereby agree to accept, on behalf of myself and my child(ren), all risks . I further agree to hold harmless AP SWIMMING LLC and any employee for any complications or injuries that may result to my child(ren) or myself while at AP SWIMMING LLC. I, on behalf of myself and the child(ren), have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and sign it on behalf of the child(ren) .

Emergency contact: _____

Relationship: _____ Cell Phone: _____

Signature of Parent or Guardian: _____

Date: _____

Printed Name: _____

**PLEASE FILL OUT PAGES 1-3 , PRINT & SIGN.
(WE WILL NEED YOUR ACTUAL SIGNATURE ON
THESE FORMS.)
PLEASE RETURN SIGNED FORMS TO
ANDREW@APSWIMMING.COM
WE WILL CONTACT YOU WITHIN 24 HOURS**