

2011

LIFESTYLE SWIM SCHOOL

APPLICATION AND WAIVER FORM

AFTER CALLING LIFESTYLE 561-393-6386, MAIL THIS FORM WITH PAYMENT

Registration fees are due annually and payable prior to the child's first class for the calendar year. Registration fees are non-refundable. Cash or checks are acceptable as payment. Checks should be made payable to *Lifestyle* and must be mailed (no checks on pool deck) with this completed registration form to: **LIFESTYLE SWIM SCHOOL 1298 S.W. 15th Street, Boca Raton, Florida 33486**

The undersigned agrees to defend, pay and save free and harmless Lifestyle Swim School, Inc., the facility owners where lessons are conducted and their respective agents, employees' actions, judgments and proceedings of any kind or in favor of anyone whomsoever and from and against all injury or property damage arising directly or indirectly out of, from or on account of applicant's presence at or use of the facilities or participation in any activities or programs applied for hereby or at any time hereafter.

My child (children) has been examined by a certified physician within the last year and is physically fit to participate in swim lessons. He or she is free from any contagious disease.

I understand missed classes may not be carried over to the next session. I understand that the Lifestyle Swim School is unable to grant refunds. We reserve the right to: accept only those families who abide by our patient child-centered philosophy; to expel those families that do not abide by the philosophy, fail to follow rules, use foul language, or are disrespectful to teachers, staff or fellow classmates.

Signature of Parent or Guardian: _____ Date: _____

PLEASE PRINT NEATLY

Parents' Names: _____
Father Mother Last Name

Email address: _____ Website address _____

Local Address: _____
Street City State Zip

Home Phone #: _____ Mobile Phone #: _____

Father's Occupation: _____ Employer: _____ Bus. Phone #: _____

Mother's Occupation: _____ Employer: _____ Bus. Phone #: _____

1. Child's Name _____ Age: _____ Date of Birth: _____
First Last Mo. Day Yr.

Briefly describe child's water experience/skills/level _____

2. Child's Name _____ Age: _____ Date of Birth: _____
First Last Mo. Day Yr.

Briefly describe child's water experience/skills/level _____

3. Child's Name _____ Age: _____ Date of Birth: _____
First Last Mo. Day Yr.

Briefly describe child's water experience/skills/level _____

Note any special conditions, needs, health concerns or allergies we may need to know of during the swim session:

How did you hear about us: _____

Name of anyone other than parent who may bring or pick up the children: _____

CLASS FEES, REGISTRATION FEES (Please Print) Enclosed is my check for the following:

Child's Name	Session#&Class Name Registered For	Days and Time of Class	2011 Registration Fee(s)	Class Fee	Total \$
			\$35 (1st Child)	+	=
			\$25 (2nd Child)	+	=
			\$15 (3rd Child)	+	=

Class Location _____ Date Paid _____ Grand Total \$ _____