



Swimming Programs
 PO BOX 560055 * Miami, Florida * 33256-0055
 Main Office: 305-232-4222 * WCS Pool Cell: 786-255-0284
 www.aquakidsswim.com

2009 FUNDamental Swim Camp
 Registration / Enrollment Agreement Form

Name #1: _____ Age: _____

School: _____ Birth Date: _____

Name #2: _____ Age: _____

School: _____ Birth Date: _____

Parent(s): _____

Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____

email address: _____

REGISTRATION & TUITION

Please circle: *FUND*amental or Competitive and Half or Full Day, plus Week #'s

Swimmer #1: Registration Fee: _____ + Weekly Tuition: _____ X _____ # of Weeks enrolled = Total: _____

Circle for ENROLLMENT: FUN or COMP / Half Day or Full Day SUMMER Wk#: 1 2 3 4 5 6 7 8 9 10

Swimmer #2: Registration Fee: _____ + Weekly Tuition: _____ X _____ # of Weeks enrolled = Total: _____

Circle for ENROLLMENT: FUN or COMP / Half Day or Full Day SUMMER Wk#: 1 2 3 4 5 6 7 8 9 10

Tennis Option for Half Day Campers (stay Full Day on Tues. and Thurs): # of Weeks: _____ X \$ _____ per week = _____.

REEL SHARK Option for Campers (1 day with drop-off & pick-up from boat dock): # of Weeks: _____ X \$ _____ per week = _____.

T-shirt size(s): Swimmer #1: _____ Swimmer #2: _____ Total Amount Paid: _____

Medical Conditions (if any): _____

Emergency Contact: _____
Name Phone Numbers

TERMS & CONDITIONS OF ENROLLMENT:

As the parent OR legal guardian of the above named participant(s), I / We agree to hold AquaKids, Inc., AKS Aquatic Education Programs, LLC, SwimAmerica, USA Swimming, Westminster Christian School, their officers, employees and agents free and harmless from any claim or expense that may arise due to participation in this program. In addition, I / We understand the Registration Fee and Tuition structure, there are NO MAKEUP DAYS OR REFUNDS, a \$25 returned check charge and agree to assume full responsibility for the payment of the fees. In case of accident or injury, where I / We can not be reached. I / We give my / our permission to have my child given medical treatment immediately. I / We also give permission for my child to be taken to the closest emergency treatment center if necessary.

 Signature of Parent OR Legal Guardian Date

Return completed with full payment to: AquaKids PO Box 560055, Miami, FL 33256-0055