



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

Westminster Christian School Program  
 2009 Enrollment Agreement Form

Name #1: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name #2: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email address: \_\_\_\_\_

Class Request:

(Please give 2 choices! Individual Lesson requests require an "A" after the session # for the first week and "B" for the second week!)

Swimmer #1:

Type (please circle): Group Parent-Tot Individual CE

1st Session Choice (#): \_\_\_\_\_ Time: \_\_\_\_\_

2nd Session Choice (#): \_\_\_\_\_ Time: \_\_\_\_\_

Swimmer #2:

Type (please circle): Group Parent-Tot Individual CE

1st Session Choice (#): \_\_\_\_\_ Time: \_\_\_\_\_

2nd Session Choice (#): \_\_\_\_\_ Time: \_\_\_\_\_

MY CHILD WILLINGLY PUTS HIS OR HER HEAD UNDER THE WATER COMFORTABLY  
 WITHOUT A FLOATATION DEVICE OR GOGGLES (please circle one): YES / NO  
 (If NO and 3 or older, you must enroll in Individual Lessons)

Medical Conditions (if any):  
 \_\_\_\_\_

TERMS & CONDITIONS OF ENROLLMENT:

As a participant or legal guardian of the above named participant(s), I / We agree to hold AquaKids, Inc., 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 have read and understand the "enrollment procedure and terms" and agree to assume full responsibility for payment of the associated fees including the \$25 returned check fee.

\_\_\_\_\_  
 Signature of Legal Guardian

\_\_\_\_\_  
 Date