



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
 Enrollment Agreement Form

Name #1: _____ Age: _____

School: _____ Birth Date: _____

Name #2: _____ Age: _____

School: _____ Birth Date: _____

Parent(s): _____

Address: _____ Zip: _____

Home Phone: _____ Other 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:

Swimmer #2:

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

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

1st Session Choice (#): _____ Time: _____ 1st Session Choice (#): _____ Time: _____

2nd 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.

 Signature of Legal Guardian

 Date

Return w/payment to: AquaKids, PO Box 560055, Miami, FL 33256-0055