



Swim School * AK Sharks Swim Team * *FUND*amental Swim Camp
 PO Box 560055 * Miami, Florida 33256-0055 * Office: 305-232-4222 * WCS Pool: 786-255-0284
 www.aquakidsswim.com

***2009 CONTINUING EDUCATION & AK SHARKS
 MEMBERSHIP APPLICATION***

FAMILY'S LAST NAME _____

HOME ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

E-MAIL (for invoices & important announcements) _____

SWIMMERS' INFORMATION:

1. Swimmer's (official) Name _____ Middle Initial _____

Preferred Name _____ M / F _____ DOB ____/____/____

Age _____ Grade _____ School _____

AK Swim Group Name _____ Medical Conditions (if any): _____

Swimmer's e-mail: _____ T-Shirt Size: _____

2. Swimmer's (official) Name _____ Middle Initial _____

Preferred Name _____ M / F _____ DOB ____/____/____

Age _____ Grade _____ School _____

AK Swim Group Name _____ Medical Conditions (if any): _____

Swimmer's e-mail: _____ T-Shirt Size: _____

3. Swimmer's (official) Name _____ Middle Initial _____

Preferred Name _____ M / F _____ DOB ____/____/____

Age _____ Grade _____ School _____

AK Swim Group Name _____ Medical Conditions (if any): _____

Swimmer's e-mail: _____ T-Shirt Size: _____

4. Swimmer's (official) Name _____ Middle Initial _____

Preferred Name _____ M / F _____ DOB ____/____/____

Age _____ Grade _____ School _____

AK Swim Group Name _____ Medical Conditions (if any): _____

Swimmer's e-mail: _____ T-Shirt Size: _____

Emergency Contact Name(s): _____

Emergency Contacts' Phone Numbers: _____

Initial Fees and Dues:

	Registration Fee(s)	First Month's Dues	Entry Fee Escrow	Total
Swimmer #1:				
Swimmer #2:				
Swimmer #3:				
Swimmer #4:				

Total: _____

TERMS & CONDITIONS OF ENROLLMENT:

As Parent, Legal Guardian or Participant of the above named participant(s), I agree to hold AquaKids, Inc., SwimAmerica, USA Swimming, and 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 have read, understand and agree to the BASIC TERMS AND CONDITIONS FOR PARTICIPATION. I understand Fee and Tuition structure (including discounts and late fees), there are NO REFUNDS and agree to assume full responsibility for the payment of the fees. In case of accident or injury, where I can not be reached, I give my permission to have my child given medical treatment immediately. I also give permission for my child to be taken to the closest emergency treatment center if necessary.

Signature of Parent, Legal Guardian or Participant

Date