



2010 Registration:
Learn-to-Swim & or
Swim~Nastics & or
Parent-Tot

Child's Name: _____
(Last) (Preferred Name)

Age: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Parent's Name: _____

Best Phone Number to Call: _____

E mail-Address: _____

-Has your child taken SwimAmerica lessons before? No Yes (if yes what level)? _____

-Has your child had lessons in another program? No Yes (if so where?) _____

-If your child has had a 6 month break from lessons, we will call them a Welcome Back Swimmer - WBS. I understand that my child will not be at the level they were, but will be reevaluated and they will continue to progress: Initials: _____

-How did you hear about our program? _____

-If friend, please state their name: _____

-Understanding that there will be a late sign-up fee of \$5: (this applies to sign-ups on or after 1st day of classes) Initials: _____

Session Starting Date: _____ Time: _____

Monday/Wednesday or Tuesday/Thursday or 4 days a week

HEALTH RELEASE

Does your child have any water-related incidents that our instructors need to know about? _____

Regarding Participants, please state any current, major illnesses (ADHD, Asthma, CP, Autism, Sensory Disorders, etc) and/or medications: _____

For Youth, Children & Infants: I hereby release COM Aquatics, Inc. the staff and/or team representatives from any liabilities for anything that may happen accidentally or otherwise to my child: _____

I agree that COM Aquatics, Inc. and the sponsors of any COM Aquatics Inc. event, along with employees, agents, officers, and directors of these organizations shall not be liable for any injury, loss, and damage occurring as a result of my child's participation except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

I give / do not give permission for my child to participate on trips under the authority of COM Aquatics, Inc. As parent/legal guardian I hereby authorize COM Aquatics, Inc. staff and/or team representatives to seek medical and/or surgical treatment for my child as they deem necessary for his/her safety.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

NO, please Do Not use my, or my child's photograph(s)/video in any for ANY COM publications.
YES, I hereby grant COM Aquatics, Inc., permission to use my, or my child's photograph(s) video in any & all of its publications & in any & all other media, weather now known or hereafter existing, controlled by COM Aquatics, Inc.

We are unable to offer refunds for any reason; we can however offer a 3-month voucher



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OFFICE USE ONLY:

2010 Sessions

Spring (4 week sessions, 2 days a week)

| | <i>Times</i> | <i>Dates</i> | <i>Amount</i> | <i>Payment Method</i> |
|---|--------------|--------------|---------------|-----------------------|
| Jan. 4 – Jan. 28 | _____ | _____ | _____ | _____ |
| Feb. 1 – Feb. 25 | _____ | _____ | _____ | _____ |
| Mar. 1 – Apr. 1 | _____ | _____ | _____ | _____ |
| (Spring Break – Swimming Break Mar. 15 – Mar. 19) | | | | |
| Apr. 5 – Apr. 29 | _____ | _____ | _____ | _____ |
| May 3 – May 27 | _____ | _____ | _____ | _____ |

Summer (2 week sessions, 4 days a week)

| | <i>Times</i> | <i>Dates</i> | <i>Amount</i> | <i>Payment Method</i> |
|-------------------|--------------|--------------|---------------|-----------------------|
| May 31 – Jun. 10 | _____ | _____ | _____ | _____ |
| Jun. 14 – Jun. 24 | _____ | _____ | _____ | _____ |
| Jun. 28 – Jul. 8 | _____ | _____ | _____ | _____ |
| Jul. 12 – Jul. 22 | _____ | _____ | _____ | _____ |
| Jul. 26 – Aug. 5 | _____ | _____ | _____ | _____ |
| Aug. 9 – Aug. 19 | _____ | _____ | _____ | _____ |

Notes: _____

