



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

*2010 FUNDamental Swim Camp  
 Registration / Enrollment Agreement Form*

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

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

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

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

Parent (Names): \_\_\_\_\_

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 #1: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
Name Emergency Contact Phone Numbers

**TERMS & CONDITIONS OF ENROLLMENT:**

As Parent, Legal Guardian or Participant of the above named participant(s), I understand and acknowledge that participation in the camp and sports activities offered involve inherent risks of injury to my child. I agree to indemnify and hold harmless AquaKids, Inc., SwimAmerica, and Westminster Christian School, and their officers, directors and employees for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given to my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

Further, I have read, understand and agree to the "ENROLLMENT PROCEDURES AND TERMS". I understand Fee and Tuition structure (including the \$35 returned check fee and late pick-up 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 OR Legal Guardian

\_\_\_\_\_  
 Date

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