



Swimming Programs
 PO BOX 560055 * Miami, Florida * 33256-0055
 Main Office: 305-232-4222 * Winston Park Pool Cell: 786-251-9364
 www.aquakidsswim.com

2011 Winston Park Program Enrollment Agreement Form

Name #1: _____ Age: _____
 School: _____ Birth Date: _____
 Name #2: _____ Age: _____
 School: _____ Birth Date: _____
 Parent Names: _____
 Address: _____ Zip: _____
 Home Phone: _____ Cell or 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:

**WAIVER/RELEASE OF LIABILITY
 PLEASE READ CAREFULLY BEFORE SIGNING.
 THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in the AquaKids Swimming programs and hereby agrees to indemnify and hold harmless AquaKids, Inc. and Winston Park Homeowners Association, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the AquaKids program. The participant also agrees to indemnify AquaKids, Inc and Winston Park Homeowners Association for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of AquaKids, Inc. to have the participant treated in any medical emergency during their participation in the AquaKids Swimming program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on the Registration Form any medical/health problems of which the staff should be aware. I have read and understand the "enrollment procedure and terms" and agree to assume full responsibility for payment of the associated fees. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I ALSO UNDERSTAND THERE ARE NO REFUNDS OR CANCELLATIONS ON THE DAY A LESSON SESSION STARTS OR ONCE A CLASS HAS BEGUN.**

Signed: _____ Date: _____
 (Participant or Parent/Guardian)

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