

REGISTRATION & WAIVER FORM



Complete this form and return **BEFORE** your first lesson.
Fax: 888-576-7946 or Email: register@swimboca.com
 A registration fee of \$25 for the first student and \$10 each additional student will be applied.

Parent / Guardian / Self: Last _____ First _____
 Address _____ City _____ **Phone: 888-576-7946 (LRN-SWIM)**
 State _____ Zip _____ Home Phone _____ Mobile Phone _____
 Email Address _____ Would you like to occasionally receive info & special offers by email? YES NO
 How did you hear about Swim Boca? _____ If referred, who referred you? _____

Student Name	DOB	Preferred Lesson Day & Time (Please circle day and time)	Any medical or learning issues?	Qty (circle)	Minutes (circle)	Location: Home • East • West
	/ /	M - T - W - Th - F - Sat AM or PM Requested Time: _____		6 12	20 30	H • E • W
	/ /	M - T - W - Th - F - Sat AM or PM Requested Time: _____		6 12	20 30	H • E • W
	/ /	M - T - W - Th - F - Sat AM or PM Requested Time: _____		6 12	20 30	H • E • W
	/ /	M - T - W - Th - F - Sat AM or PM Requested Time: _____		6 12	20 30	H • E • W

Release of Liability

I, _____, the parent, legal guardian or student of (student name or "self") _____ hereby give my permission for him/her/me to participate in the Swim Boca program. I agree to release and forever discharge Swim Boca, its officers and employees from any and all liabilities, demands of claims for loss or damage resulting from any injury or damage which may be sustained on the account of his/her/my participation in the program. I agree to abide by all of Swim Boca's Policies.

★ Signature of Parent, Legal Guardian or Student _____ Date: _____

REQUIRED FOR EVERY REGISTRANT : Please provide your credit card information to be kept on file at Swim Boca. A credit card is required **even if lessons are paid by check or cash.** We accept Visa, Mastercard, Discover or Amex.

★ Name on card _____ Visa Mastercard Discover Amex
 Card # _____ - _____ - _____ - _____ 3 Digit CVV _____ OR 4 Digit AMEX Code _____
 Billing Address (if different from above) _____ Expiration _____ / _____

Please Check Form of Payment - NO REFUNDS

- Automatic Charge from Credit or Debit Card Provided**
 I authorize Swim Boca to charge my credit / debit card for the agreed upon amount. The total amount will be processed prior to the start of the first lesson. In the event of a declined transaction, we will contact you to arrange another form of payment. After three failed attempts to obtain payment you may risk losing your preferred day and time.
- Cash or Check Due Before First Lesson - Payable to: "Swim Boca" Mail check to:** Swim Boca, PO Box 383, Boca Raton, FL 33429
 I understand that by selecting to pay by cash or check, it is my responsibility to make those payments BEFORE the first lesson and that my credit card on file will be charged in the event services are rendered and payment by check is not received as agreed upon.

POLICIES - Please Read Carefully & Understand before signing.

I have read and accept the payment options stated above. I understand that by signing this registration form I am entering into an agreement with Swim Boca LLC and agree to pay for the number of swim lessons indicated above. These lessons will be paid for in full and **NO REFUNDS** will be provided under any circumstance once the first lesson has been completed. I understand that 24 hours notice is required for ALL non-weather related cancellations for a scheduled lesson. A full refund (less \$35 cancellation fee) will ONLY be given if Swim Boca is notified of your intention to cancel a session no later than 7 DAYS prior to the start of the first scheduled lesson. Non-weather related cancellations will be allowed only ONE make-up lesson per six lessons. Any further cancellations will result in a forfeit of the lesson. **SESSION EXPIRATION:** Sessions of 6 must be completed within 60 days following the first completed lesson. Sessions of 12 must be completed within 120 days following the first lesson.

Photos may occasionally be taken at Swim Boca. I PERMIT DO NOT PERMIT Swim Boca to use photos for marketing purposes.

★ Signature _____ Date _____

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 private or semi-private swim instruction at a facility used by **Swim Boca, LLC** or at the home/community pool of the participant and hereby agrees to indemnify and hold harmless **Swim Boca LLC**, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in these activities. The participant also agrees to indemnify **Swim Boca, LLC** for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of **Swim Boca LLC** to have the participant treated in any medical emergency during their participation in private or semi-private instruction at a facility used by **Swim Boca, LLC** or at the home/community pool of the participant. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

****IMPORTANT**** I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date: _____

Signed: _____
(Participant or Parent/Guardian)

Date: _____