

swim gym™

DOWNTOWN

SWIMMER DATA

Registration Date ____ / ____ / ____

Family Name _____ Swimmer #1 _____

Swimmer #2 _____ Swimmer #3 _____

Address _____

City _____ State ____ Zip _____ Birth date ____ / ____ / ____ Age _____

Phone # H: _____ Cell: _____ E-mail: _____

Mother's Name: _____ (If applicable) Father's Name: _____ (If applicable)

Contact in case of emergency _____ Phone _____

CHECK CLASS TYPE:

PRIVATE __ SEMI-PRIVATE __ SMALL-GROUP __ SWIM SCHOOL __ TEAM __ MASTERS __

I DO HEREBY VOLUNTARILY SUBMIT MY CHILD'S/MY APPLICATION FOR ATTENDANCE AND PARTICIPATION IN SWIM AT THE "J" AND SGGT AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURES OR LOSSES THAT MY CHILD/I MAY SUSTAIN OR OCCUR WHILE ATTENDING OR PARTICIPATING AND HEREBY WAIVE ALL CLAIMS AGAINST THE DAVE AND MARY APLER JCC OR ANYONE ASSOCIATED WITH THIS PROGRAM.

PARENT/GUARDIAN OR ADULT PARTICIPANT

Signature

Print name

Date ____ / ____ / ____

Total Amount \$ _____

Initial # of lessons ____

CREDIT CARD # _____

EXP. DATE ____ / ____

NOTE: FOR YOUR CONVENIENCE THIS CREDIT CARD WILL BE CHARGED THE 27TH OF THE MONTH IN ANTICIPATION OF THE NEXT MONTH. PLEASE NOTIFY US PRIOR TO THIS DATE IF YOU WISH FOR US NOT TO CHARGE YOU. THERE WILL BE A \$5.00 REFUND FEE IF YOU NOTIFY US AFTER THE BILLING DATE.

NOTE: THIS FORM IS TO BE FILLED OUT COMPLETELY AND FILED IN THE OFFICE OF SWIM GYM, BEFORE THE CHILD OR ADULT IS ALLOWED TO PRACTICE.

(Permission is granted to reproduce this form entirely) RECEIVED BY: _____ check: OB____ TM____ BD____

THANK YOU FOR SWIMMING WITH US
PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER
3601 Rickenbacker Causeway Miami, Florida 33149
FOR MORE INFO PLEASE CALL 305-361-3601 OR 305-273-1129.
E-mail: swimgym@swimgym.net
NO REFUNDS