



## FAMILY SWIMMER DATA

Registration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School \_\_\_\_\_ Family Name \_\_\_\_\_ JCC Member # \_\_\_\_

Swimmer #1 Name & DOB \_\_\_\_\_ Swimmer #2 Name & DOB \_\_\_\_\_

Swimmer #3 Name & DOB \_\_\_\_\_ Swimmer #4 Name & DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # H: \_\_\_\_\_ W: \_\_\_\_\_ 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 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** \_\_\_\_

**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: QB \_\_\_ BD \_\_\_ TM \_\_\_

**I \_\_\_\_\_ understand that there is a 24-hour cancellation policy at Swim Gym. If I fail to cancel my lesson prior to the cancellation period, I will be charged a \$5 rescheduling fee. We appreciate your understanding and cooperation with this policy.**

\_\_\_\_\_  
**Customer signature**

**THANK YOU FOR SWIMMING WITH US PLEASE LET US KNOW HOW WE CAN SERVE YOU BETTER**

11155 SW 112 Ave. Miami, FL 33156 – Tel. 305-273-1129 Fax 305-273-1189

E-mail: [swimgym@swimgym.net](mailto:swimgym@swimgym.net)

**NO REFUNDS**