



FAMILY SWIMMER DATA

Registration Date ____ / ____ / ____

School _____ JCC Member # _____

Child #1 Name _____ Child #2 Name _____

Child #3 Name _____ Child #4 Name _____

Address _____

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

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

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

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

11155 SW 112 Ave. Miami, Florida 33176
FOR MORE INFO PLEASE CALL 305-271-9000 EXT. 287 OR 305-273-1129.

E-mail: swimgym@swimgym.net

NO REFUNDS