

REGISTRATION FORM

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|---|---|--|--|--------------|--------------|--|----------------|-----|
| Parent 1 Name | | | | | Parent 1 DOB | | | |
| Address | | | | City | | | State | Zip |
| Parent 1 Phone | | | | | | | | |
| Parent 1 Email | | | | | | | | |
| Parent 2 Name | | | | | Parent 2 DOB | | | |
| Parent 2 Phone | | | | | | | | |
| Parent 2 Email | | | | | | | | |
| Student 1 Name | | | | | DOB | | | |
| Swim Level | | | | Group Lesson | | | Private Lesson | |
| Student 2 Name | | | | | DOB | | | |
| Swim Level | | | | Group Lesson | | | Private Lesson | |
| Student 3 Name | | | | | DOB | | | |
| Swim Level | | | | Group Lesson | | | Private Lesson | |
| PLEASE READ AND INITIAL EACH POLICY: | | | | | | | | |
| | We offer a satisfaction guarantee on all of our lessons; therefore, there are NO REFUNDS FOR ANY REASON. If you are not happy with any lesson, let us know the day of the lesson and we will provide you with a makeup lesson. | | | | | | | |
| | Lessons must be cancelled by 9am the day of the lesson to qualify for a make-up lesson up to one class per month. | | | | | | | |
| | Make -up lesson must be scheduled within the same month. | | | | | | | |
| | IF YOU NEED TO MISS MORE THEN ONE lesson you may do an additional reschedules for a fee of \$10 per class. | | | | | | | |
| | We strive but cannot guarantee the same instructor for each lesson. If your instructor is absent, another qualified instructor will be assigned. If possible, you will be notified of such changes, but we cannot guarantee notification. | | | | | | | |

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| | | J Splash reserves the right to change class designations at any time. | |
| | | I understand that there is absolutely no rescheduling of make-up lessons. | |
| | | I understand that although my child may pass certain skill levels during classes, children always need supervision around or near water and it is dangerous to assume that any child is totally "water-safe". | |
| | | There are to be NO PHOTOS OR VIDEOS TAKEN OF OUR SWIM INSTRUCTORS unless permission has been given before the time of the lesson. | |
| | | I understand that there are certain risks involved with swimming and related activities. I hereby agree to assume all liability for myself and my children while at JSplash, and I further agree to hold harmless the officers of JSplash, Katz JCC, and their employees for any complications or injuries that may result from myself or my children attending JSplash. | |
| MONTHLY BILLING | | | |
| | | I understand that I am continuously enrolling for swim lessons and that my bank account or credit card will be automatically charged a set monthly fee for all lessons my child/children are enrolled in during the billing month. Charges will be made on the 1 st day of your lesson day every month. | |
| TYPE OF PAYMENT | | | |
| | | <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER | |
| CARD # | | EXP | CVV |
| | | My signature below authorizes JSplash Swim School to charge my credit card monthly for my students' swimming lessons until further notice. (Signature required) | |
| SIGNATURE | | DATE | |
| TERMINATION OF LESSONS | | | |
| | | I agree to give the swim academy 30 days advance notice to terminate my student's lessons by completing the 'Lesson Termination Form' which is available in the swim academy office. I understand that if I fail to provide written notice to the JSplash office regarding terminating lessons, my account on file may be charged due to direct debit. | |
| SIGNATURE | | DATE | |