

KimSwim

POOL ACADEMY

REGISTRATION FORM

Student Information:

Date: ____/____/____

Name: First _____ Middle _____ Last _____

Address: Street _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Age: _____

Name of Parent: First _____ Middle _____ Last _____

Phone #'s: Cell _____ Home _____

Work _____ Email _____

Lesson Information:

Day: _____ Time: _____ Level: _____

Lesson Starting Date: ____/____/____ Planned Missed Date: ____/____/____
(No make-ups or refunds)Lesson Ending Date: ____/____/____ Number of Lessons: _____
(If less than 8, see fee schedule)

Lesson Fee: \$ _____

Circle One: Cash Check (Please make checks payable to Kim Hazelton)

As a student, parent or guardian of a student, guest, or staff member, I hereby release and absolve KimSwim Pool Academy, KimSwim Members and Employees, K.C. Foster Corp., Elite Drivers, Inc. and W&L Associates, LLC from any disability for injuries or damages which I may suffer at KimSwim Pool Academy.

I understand and agree that I have given up all rights of any claims or suits, now or in the future, which I may have against KimSwim Pool Academy, KimSwim Members and Employees, K.C. Foster Corp., Elite Drivers, Inc. and W&L Associates, LLC for any injuries or damages which I may suffer while a student, parent or guardian of a student, guest, or staff member of KimSwim Pool Academy.

I have read all of the above and I understand that this releases KimSwim Pool Academy, KimSwim Members and Employees, K.C. Foster Corp., Elite Drivers, Inc. and W&L Associates, LLC from liability.

Date: ____/____/____ Signature: _____

Registration Receipt: (Complete, detach and keep for your records)

Name: _____ Date: ____/____/____

Day: _____ Time: _____ Level: _____

Lesson Starting Date: ____/____/____ Planned Missed Date: ____/____/____

Lesson Ending Date: ____/____/____ Number of Lessons: _____
(No make-ups or refunds) (If less than 8, see fee schedule)

Lesson Fee: \$ _____

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973-586-1124Route 46 West, Denville
www.kimswim.net