

REGISTRATION & WAIVER FORM



Complete this form and return BEFORE your first lesson.
 2-ways to register... **FAX: 561-245-8813**
EMAIL: register@swimboca.com

Parent / Guardian / Self: Last _____ First _____
 Address _____ City _____ Phone: 888-576-7946 (LRN-SWIM)
 State _____ Zip _____ Home Phone _____ Mobile Phone _____
 Email Address _____ Would you like to occasionally receive info by email? ____ YES ____ NO
 How did you hear about Swim Boca? _____ If referred, who referred you? _____

Student Name	DOB	Preferred Lesson Day & Time (Please circle day and time)	Any relevant medical or learning issues?	Qty (circle)	Minutes (circle)	At Your Home?
	/ /	M - T - W - Th - F - Sat AM or PM		6 12	20 30	Y N
	/ /	M - T - W - Th - F - Sat AM or PM		6 12	20 30	Y N
	/ /	M - T - W - Th - F - Sat AM or PM		6 12	20 30	Y N
	/ /	M - T - W - Th - F - Sat AM or PM		6 12	20 30	Y N

Release of Liability

I, _____, the parent, legal guardian or student of (student name or "self") _____
 hereby give my permission for him/her/me to participate in the Swim Boca program. I agree to release and forever discharge Swim Boca, it's
 officers and employees from any and all liabilities, demands of claims for loss or damage resulting from any injury or damage which may be
 sustained on the account of his/her/my participation in the program. I agree to abide by all of Swim Boca's Policies.

★ Signature of Parent, Legal Guardian or Student _____ Date: _____

REQUIRED FOR EVERY REGISTRANT: Please provide your credit card information to be kept on file at Swim Boca. A credit card is
 required **even if lessons are paid by check or cash.** We accept Visa, Mastercard, Discover or Amex.

★ Name on card _____ Visa Mastercard Discover Amex
 Card # _____ - _____ - _____ - _____ 3 Digit CVV _____ or 4 Digit AMEX Code _____
 Billing Address (if different from above) _____ Expiration ____/____

Please Check Form of Payment - NO REFUNDS

- Automatic Charge from Credit or Debit Card Provided**
 I authorize Swim Boca to charge my credit / debit card for the agreed upon amount. The total amount will be processed prior to the start
 of the first lesson. In the event of a declined transaction, we will contact you to arrange another form of payment. After three failed
 attempts to obtain payment you may risk losing your preferred day and time.
- Cash or Check Due Before First Lesson - Payable to: "Swim Boca" Mail check to: Swim Boca, PO Box 383, Boca Raton, FL 33429**
 I understand that by selecting to pay by cash or check, it is my responsibility to make those payments BEFORE the first lesson and that my
 credit card on file will be charged in the event services are rendered and payment by check is not received as agreed upon.

POLICIES - Please Read Carefully & Understand before signing.

I have read and accept the payment options stated above. I understand that by signing this registration form I am entering into an agreement with Swim Boca LLC
 and agree to pay for the number of swim lessons indicated above. These lessons will be paid for in full and **NO REFUNDS** will be provided under any circumstance
 once the first lesson has been completed. I understand that 24 hours notice is required for ALL non-weather related cancellations for a scheduled lesson. A full
 refund (less \$35 cancellation fee) will ONLY be given if Swim Boca is notified of your intention to cancel a session no later than 7 DAYS prior to the start of the first
 scheduled lesson. Non-weather related cancellations will be allowed only ONE make-up lesson per six lessons. Any further cancellations will result in a forfeit of the
 lesson. **SESSION EXPIRATION:** Sessions of 6 must be completed within 60 days following the first completed lesson. Sessions of 12 must be completed within 120
 days following the first lesson.

Photos may occasionally be taken at Swim Boca. I PERMIT DO NOT PERMIT Swim Boca to use photos for marketing purposes.

★ Signature _____ Date _____