

# REGISTRATION & WAIVER FORM



**Complete this form and return BEFORE your first lesson.**  
 2-ways to register... **TOLL FREE FAX: 888-576-7946**  
**EMAIL: register@swimboca.com**

Parent / Guardian / Self: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Phone: 888-576-7946 (LRN-SWIM)  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Alt 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 \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_  
 Billing Address (if different from above) \_\_\_\_\_

## 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 \_\_\_\_\_

# WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in private or semi-private swim instruction at a facility used by **Swim Boca, LLC** or at the home/community pool of the participant and hereby agrees to indemnify and hold harmless **Swim Boca LLC**, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in these activities. The participant also agrees to indemnify **Swim Boca, LLC** for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of **Swim Boca LLC** to have the participant treated in any medical emergency during their participation in private or semi-private instruction at a facility used by **Swim Boca, LLC** or at the home/community pool of the participant. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

**\*\*IMPORTANT\*\*** I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_