



# Seahorse Swim School, Inc.

## Registration Form

[www.SeahorseSwimSchool.com](http://www.SeahorseSwimSchool.com)

Printed Parent / Guardian Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Cell/Emergency # ( ) \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

### CLASS REGISTRATION INFORMATION (Indicate specific class choice(s) below)

**Season:**  Winter (Dec/Jan/Feb)  Spring (Mar/April/May)  Summer (June, July, Aug)  Fall (Sept, Oct, Nov)

**Location:**  Seascape Sports Club  Elks Lodge  Seahorse Swim Academy

**Type of class:**  Group Lesson: Level \_\_\_\_\_  Private/Semi-private  Pool Jr. Guard Camp

Swimteam  Custom Class  Parent Tot ( starts @ 6 months)

Participants Name (First & Last)	Age	Class choice Specific Session/Days/Time				Fee(s)
		Session DATES	Days of the week <small>(ie. M/W, T/Th, Sat)</small>	Level <small>(ie. Pot, Lvl 2, Pvt)</small>	Time of class <small>(ie. 2:30-3:00)</small>	

How did you hear of us?  
\_\_\_\_\_

Registration Fee: + \$3.50

TOTAL DUE: \$

### SEAHORSE SWIM SCHOOL RELEASE of LIABILITY

Permission to participate in the program sponsored by lead instructor Tiffany Harmon, is given for myself and/or child(ren). In consideration of participation in this program, I hereby indemnify and hold harmless and release Seahorse Swim School, Inc. Tiffany Harmon, its' agents, staff, and pool facilities from any and all liability for wrongful death or injury suffered by myself or my child(ren) arising from or connected with the program. I assume all risk for any injuries occurring during my swim lessons. **Photo/media release:** I allow photographs of myself and my children to be used in promotional materials for advertising and promotions, including but not limited to print, video or website use.

PLEASE SIGN HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Signature accepts policies as listed on Website and Program.*

### Seahorse Swim School at Seascape Sports Club

Confirmation emails will be sent when SHSS processes registration.

Registration confirmed w/ client date \_\_\_\_\_  Registration added to Roster Grid  Incomplete registration.

#### PAYMENT REQUIRED FOR COMPLETION OF REGISTRATION

**Payment Information**  M/C  Visa (additional charges may apply)  check enclosed # \_\_\_\_\_

Credit Card: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_

Authorizing Signature: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_