



Seahorse Swim School, Inc.

Registration Form

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:	+ \$4.00
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.

Mail Registration Form with Payment. Confirmations will be emailed when processed.

Seahorse Swim School, 7413 Mesa Drive Aptos, Ca. 95003

Phone(831) 476-7946 (SWIM) FAX: (831) 688-7946

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:** _____