

POLICIES AND WAIVER FOR THE INITIAL PROGRAM and REFRESHERS



STUDENT NAME _____ **BDATE** ____ / ____ / ____ **TIME** _____ **start/end date** _____

PARENT NAME _____ **EMAIL** _____

PHONE# _____ **EMERGENCY CONTACT** _____



I understand I have ONE official time slot. My appointment begins ON TIME and ends exactly as scheduled only for the specific dates listed above. Excessive last minute rescheduling is highly discouraged.
 (Please give at least 3 hour notice when trying to reschedule)

I have provided the best phone numbers to reach me or anyone who will be bringing my child. Additional numbers (nannies, grandparents): _____

I agree to be automatically signed up for text and email notifications. I will be notified Of unexpected cancellations via email, text and phone call and will be sent appointment reminders.
 (To be removed, please email info@aquachild.com)

The pool is always heated to minimum 87°. Classes are held when temperatures are 55° or higher. I understand that if I choose not to attend when 55° or higher, those classes will not be made up.

Please regularly check for notifications. If you're unsure about a weather cancellation, please call the office at 305.354.8306

I may cancel 3 times max. During the 6 week program with 3 hour minimum notice for any reason at all and will be given 3 makeup classes.
 (Please leave a voice message or an email you do not need to speak to someone)

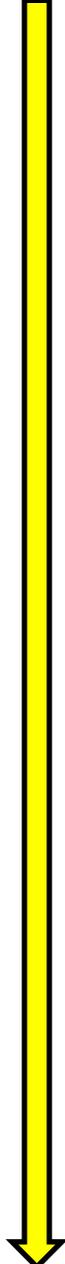
After 3 "no excuse needed" cancellations, I understand makeup classes will be given only for the following:
-Sick days with 3 hour minimum notice AND doctor's note (required)
 (Please leave a message to let us know if you cannot attend. You do not need to speak to someone.)
-When pool is not functional. (diaper leaks, heater broken etc.)
-Religious and Federal Holidays.
-All classes cancelled by aquachild for any other reason.

I understand that a leave of absence, such as a vacation, a change in personal schedule, traffic, forgetting, or any other reason other than listed above does not qualify for make-up days.

I understand I am only scheduled for the dates listed above. If makeup classes are needed in order to graduate beyond above dates I MUST speak to the office to schedule.
 (Please call to confirm)

Any other makeup classes remaining AFTER graduation week must be scheduled on an available basis during the week. Your original time slot may or may not be available with the same instructor.
 (Please call to schedule on the same week you would like to attend)

I understand that makeup classes must be scheduled within 5 months after completion of initial program. These classes will expire if I do not use them within this period.



PARENT/GUARDIAN NAME _____ **SIGNATURE** _____ **DATE** _____

REFUND POLICY

We require at least 3 day notice prior to the start date for a refund. You must call or email by the Friday prior to your start date if you wish to cancel, be taken off the schedule completely, and receive a full refund.
 If 3 day notice has NOT been given, \$130 (one week) will be charged and the remaining weeks will be refunded.
 Any missed classes that qualify for makeups during the initial program will be given as makeups and will not be refunded.

HEALTH AND PHYSICAL CONDITION

I, the parent/guardian of the participant agree and understand that swimming is a physically strenuous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, injuries and death. The participant hereby voluntarily agrees to participate in swim lessons, and hereby agrees to indemnify and hold harmless Aquachild Swim School, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swim lessons. The participant also agrees to indemnify Aquachild Swim School for any damages incurred arising from any claims, demand, action or cause of action by the participant. I authorize any representative of Aquachild Swim School to call for and/or render treatment for the participant in any medical emergency during their participation in swim lessons. **I will advise the staff of any health conditions the participant might have and briefly describe here** _____

PARENT/GUARDIAN NAME _____ **SIGNATURE** _____ **DATE** _____