



STUDENT NAME _____ **TIME** _____ **DAYS** _____ **START DATE** _____

(PARENT NAME IF MINOR) _____ **PHONE#** _____ **EMAIL** _____

NAMES IF SHARING PKG _____ **TIME** _____ **DAYS** _____

I understand ongoing time slots have been reserved for me/my child. My appointment begins ON TIME and ends exactly as scheduled. 
 (If you are late or need to reschedule we will do our best to find a later slot but there is no guarantee that an alternate time will be available.)

I have provided the best phone numbers to reach me or anyone who will be bringing my child.
 (add additional here) _____

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)

I understand classes are held during rain and when temperatures are 55° or higher.
 (Please leave a message or email to let us know if you choose to cancel with 3 hour minimum notice. You do not need to speak to someone.)

Classes are canceled when lighting is present. I understand lighting is unpredictable and at times this may not allow for much advanced notice. Unfortunately lessons within this time period will be cancelled and I must reschedule per makeup policy.
 (Lessons continue until we see lighting, once we see a strike all lessons scheduled 30 minutes after the strike must be cancelled. We will try to give you as much notice as possible.)

Please regularly check for notifications. If you're unsure about a weather cancellation, please call the office at 305.354.830

I have provided my credit card which is kept on file and will be charged automatically every 30 days or when the total number of classes in the package have been completed, whichever comes first.
 (If your child is sick in the final week of your package end date your expiration date will be extended by one week, please call to confirm.)

I may terminate autopay at any time with minimum 2 week's notice. I may suspend autopay at any time FOR 30 DAYS MINIMUM.
 (Passes are not put on hold for less than this, please call the office to suspend)

I may cancel my scheduled class for any reason as long as minimum 3 hour notice is given.
 (Please leave a message or email to let us know if you cannot attend. You do not need to speak to someone.)
I understand that if I do not contact the office with proper notice or do not show up for a scheduled class, the class will be considered a "no-show" or "late cancel" and will not be able to be rescheduled.

I understand that a change in personal schedule, traffic, forgetting, or any other reason does not qualify for a makeup class if minimum notice is not given.

I understand I must reschedule any classes I cancel on other days than my regularly scheduled time slots within 30 days from package start date. I understand that the total number of classes purchased in the 30 day pass must be completed within 30 days from the first scheduled class. The 30 day expiration will not be extended when I cancel. I understand there is no rollover.

I understand that if I cancel and cannot come on any alternate days or times other than my regular slot that the 30 day expiration will not be extended. Autopay will continue every 30 days as scheduled.

REFUND POLICY

We require at least 3 hour notice prior to the start date of 30 day pass to receive a refund. You must call/email if you wish to cancel, be taken off the schedule completely, and receive a full refund.

With less than 3 hour notice there will be no refund. If you have not started your pass, you may suspend the pass and classes will be available for use within 6 months (expires within 30 days of pass start date)

Once a pass has started, any unused classes will not be refunded.

NAME _____ **SIGNATURE** _____ **DATE** _____
 (OR PARENT/GUARDIAN) (OR PARENT/GUARDIAN)

HEALTH AND PHYSICAL CONDITION

I, the parent/guardian of the participant or 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** _____

NAME _____ **SIGNATURE** _____ **DATE** _____
 (OR PARENT/GUARDIAN) (OR PARENT/GUARDIAN)