

SWIM PRO OF MIAMI LLC
REGISTRATION FORM

Instructor _____ Time _____

OFFICE USE ONLY

Date of Lessons _____ Weeks _____

Private Lessons _____ Maintenance Lessons _____

Payment _____

*******Please fill out the information below*******

Participant's Name _____ Age _____

Parents Name _____

Address _____

Zip Code _____ Telephone: Home _____

Business _____

MEDICAL HISTORY

Name of Physician _____ Telephone _____

In case of emergency contact _____

Relationship _____ Telephone _____

• Please inform us of any physical or mental health/medical conditions we should be aware of here: _____

I (we) authorize emergency medical care for the participant(s), and I (we) further hereby agree to hold harmless, Swim Pro of Miami, from any and all liability arising from the use of the pool or facilities and release all claim arising from the use of the pool and facilities and I (we) understand there will be no cash refunds.

***There will be a \$30.00 charge on all returned checks.**

***There will be a \$15.00 charge for any payment received after Tuesday.**

****PLEASE READ****

The ONLY classes that will be made up will be those cancelled by Swim Pro of Miami due to inclement weather. Make up classes that are rescheduled and then missed, will not be rescheduled again.

How did you hear about us? Social Media? _____ Referral? _____

I am aware that Swim Pro of Miami may take pictures of my child during activities at the pool. These images may be used in our website and/or marketing material.

Please exclude my child from any pictures.

Signature of parent/guardian Date Signature of parent/guardian Date

