



AQUAKNOW AQUATICS

OFFICIAL REGISTRATION FORM


**EACH STUDENT IS ENCOURAGED TO HAVE DOCTOR'S APPROVAL TO PARTICIPATE IN EACH CLASS.
FORM WILL BE REJECTED IF AGREEMENT IS NOT SIGNED. OFFICIAL REGISTRATION FORM MUST BE USED. MAY BE PHOTOCOPIED.**

AQUAKNOW AQUATICS CLASS POLICIES AND REGISTRATION

- **To ensure safe and quality lessons, parents are asked to remain out of the student's field of vision during classes.**
- Registered students may use the designated pool during their class time only. AQUA-REC & PRAC PASSES are available at the information head quarters located at the entrance.
- We reserve the right to cancel any class with insufficient enrollment.
- Classes are filled on a first come-first serve basis.
- Students do best if they consistently attend the same class. Please attend the scheduled class. **No make-ups are available.**
- **TWENTY-FOUR HOUR CANCELLATION NOTICE REQUIRED OR FEES ARE APPLIED FOR PRIVATE AND SEMI-PRIVATE LESSONS. \$5.00 RESCHEDULING FEE.**
- **Payment must be received in order to reserve a place in a group, semi-private or private class.**
- For scheduling purposes, we ask for two class choices. **We will call only if your first choice is not available.**
- **Registration deadline is 7 days before classes begin to ensure proper teaching ratios and required equipment.**
- Discounts are available. **Group lesson 10% discount** may be applied for **one** of the following: **Multiple enrollment**. An individual is enrolled in more than one course. **Multiple sibling enrollment**. Two or more siblings are enrolled in the program. **Adult Student**. Please provide proof of enrollment. Please see **FEES** for private and semi-private discounts.
- A \$10.00 cancellation fee will be charged for students dropping out one week prior to the start of each session. There are no refunds after the first day of class. Please allow 6-8 weeks. No refunds/ no transfers after lessons begin.
- A \$25.00 fee will be charged for return checks.
- One official form must be completed for each participant. The forms may be photocopied or you may obtain extra forms and brochures from any pool location, www.aquaknowaquatics.org or by calling (512) 377-AQUA (2782). **Participation agreement must be signed.** Incomplete forms will be returned and your initial postmark date will be canceled.
- **EACH STUDENT IS ENCOURAGED TO HAVE DOCTOR'S APPROVAL TO PARTICIPATE IN EACH CLASS.**
- Return form and check payable to: **AQUAKNOW AQUATICS**
- **MAIL: 4202 BRADWOOD RD. Austin, Texas USA 78722-1134**
- For additional class information or classification please call: **Don Crowley** at (512) 377-AQUA (2782) or don@aquaknowaquatics.org

LOCATIONS & MAPS: PLEASE VISIT OUR WEB SIT @

www.aquaknowaquatics.org
or call
(512) 377-AQUA (2782)

AQUAKNOW AQUATICS REGISTRATION FORM: ONE PER PARTICIPANT PER CLASS MAY BE PHOTOCOPIED. <small>Course completion does not guarantee certification.</small>		<u>1ST CHOICE</u>
STUDENT'S LAST NAME _____ FIRST NAME _____		CLASS: _____ SESSION: _____ LOCATION: _____
BIRTH DATE: _____ AGE: YRS _____ MOS _____		<u>2ND CHOICE</u>
PARENT/ GUARDIAN'S LAST NAME _____ FIRST NAME _____		CLASS: _____ SESSION: _____ LOCATION: _____
MAILING ADDRESS: _____		
HOME PHONE NUMBER _____	WORK PHONE NUMBER _____	
E-MAIL: _____	CELL _____	
BEST CONTACT FOR EMERGENCIES/ POOL CLOSURE: _____		
CLASS TOTAL: \$ _____	Please check one: <input type="checkbox"/> Adult Participant <input type="checkbox"/> Child Participant <input type="checkbox"/> Other	
DISCOUNT: \$ _____		
TOTAL ENCLOSED: \$ _____		
RELEASE OF LIABILITY WAIVER I understand that AquaKnow Aquatics urges all participants to gain their doctor's approval to participate in this activity. I understand that all persons who participate in this activity do so at their own risk. For and in consideration of me or my minor child's participation in this activity, I hereby release, indemnify and hold harmless AquaKnow Aquatics and their official agents and employees from any damage suffered by me and/or my minor child because of our participation in this activity. I also understand that participants may be photographed or videotaped for instructional purposes and future publications and become the property of AquaKnow Aquatics.		NO CONFIRMATION CARDS WILL BE MAILED You will be notified only if your first choice is not available.  Mail this registration form along with your check to: AQUAKNOW AQUATICS 4202 Bradwood Road Austin, Texas USA 78722-1134 Questions? (512) 377-AQUA (2782) OR don@aquaknowaquatics.org
Signature of Participant /Parent/ Guardian _____		
Date _____		

“LEARN TO SWIM...IT IS THE ONLY SPORT THAT WILL SAVE YOUR LIFE!!!”





AQUAKNOW AQUATICS

Health and Emergency Medical Authorization Information

Participant's Name _____

Date of Birth _____

REQUIRED DOCUMENTATION:

Attach copy of your:

HEALTH INSURANCE CARD

Check all that apply: Allergies (MUST list type) Asthma Bleeding Disorders

Convulsions/Seizures Diabetes Head Injury/Concussions Heart Disease

Rheumatic Fever

Other Health Issue(s) _____

Current Medications _____

Chronic or Recurring Illness _____

Operations/Injuries _____

Physical Restrictions _____

Doctor/ Pediatrician: Name _____ Telephone _____

Dentist: Name _____ Telephone _____

Please attach a copy of your insurance card and additional medical information. If recovering from a recent illness or injury, attach a doctor's note. (If applicable, we must have written authorization for the use of a cast or splint.)

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