



Registration Form

Parent Name: _____

Date: _____

How did you hear about us?

Returning Student Website \$20 Referral Family/Friend Groupon Jen's List
Amazon Local Valpak Yelp Mailing List Other _____

Address _____ City _____ Zip _____

Email _____

Phone: Cell (for Txt msg) _____ Secondary _____

Swimmer's Name _____ M / F Date of Birth _____

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Medical Conditions _____

Please read and initial each policy.

____ My initial payment includes an enrollment fee of \$55 per child and includes a LKSA swimsuit, cap and student progress book. An annual registration fee of \$15 per child, \$35 per family (3 or more students) is due on my anniversary.

____ LKSA offers a satisfaction guarantee on all lessons. We do not offer refunds, however if you are not happy with any lesson, please notify the office on the day of the lesson and we will provide a FREE make-up lesson.

____ While we strive to do so, LKSA cannot guarantee the same instructor for each lesson. If my instructor is absent, another qualified instructor will be assigned whenever possible. If possible, I will be notified of such changes but LKSA cannot guarantee to do so.

____ I understand that there is no free swim time during lessons. Students enter the water when called by their instructor and exit at the end of their lesson. There is no lifeguard on duty.

____ I understand that although my child may pass certain skill levels during their classes, children need supervision around or near water at all times and it is dangerous for me to assume that any child is totally 'water-safe'.

____ I understand that there are risks involved with swimming and related activities. I hereby agree to assume all liability for myself and my children while at LKSA, and I further agree to hold harmless the officers of LKSA, dTHS and their employees for any complications or injuries that may result from myself or my children attending LKSA.

____ I authorize LKSA to use text messages, email and phone calls to communicate any schedule updates and announcements. We will never share any client information with outside parties.

____ I am aware that parking is shared with other dTHS programs and is available on a first come first served basis. I will allow enough time to park in case of congestion.

____ This facility may be used to photograph and record video for promotional purposes for the Lenny Krayzelburg Swim Academy. Your presence in this area implies acknowledgement and consent of the possibility of being photographed or recorded. If you do not wish to appear under these conditions, please inform a member of LKSA staff.

I have read the above policies and understand their content.

Signature _____ Date _____

Parent Name: _____

Phone: Cell _____ Secondary _____

Make-up's - Please read and initial each policy:

- ___ I understand that lessons must be cancelled by 9 am the day of the lesson to qualify for a make-up.
- ___ Make-up's are limited to one per month and are valid for one calendar month from the date of the cancellation, as long as I am currently enrolled. Lessons cancelled by LKSA are also good for one month with no other restrictions.
- ___ Once scheduled, make-ups cannot be rescheduled.

Terminations - Please read and initial each policy:

- ___ I agree to be enrolled in the program for two months before submitting a notice to terminate lessons.
- ___ I agree to give LKSA 30 days' advance notice to terminate my students lessons by completing a 'Lesson Termination Form' which is available from the swim academy office.
- ___ If I need to discontinue lessons, effective immediately, any charged balances will be kept in my account at LKSA until I am able to resume lessons; or I may use my credit for retail, or any other service LKSA offers. LKSA does not offer refunds.

MONTHLY BILLING - Please initial:

- ___ I understand that I am enrolling for continuous swim lessons and that my bank account or credit card* will automatically be charged a set monthly fee for all lessons my child/children are enrolled in during the billing month.
- ___ Charges will be made on the 25th of the month (or the first business day thereafter) for the following month.
- ___ If I enroll in classes after the 10th of the month, my initial payment will include a prorated amount for the current month plus the fees of the next month.
- ___ Billing is automatically prorated during months when LKSA has planned closures.

Type of Payment

- ___ Bank Acct #: Please provide a voided check.
- ___ Credit card, Visa/Mastercard # _____
Expiration Date: _____ CV Code: _____

Name on Card: _____

Billing Address: _____ City: _____ ZIP: _____

___ *Please be advised that for your safety and security our software is in full PCI Credit Card Compliance Guidelines. Reference: <http://www.pcicomplianceguide.org/pcifaqs.php>

My signature below authorizes LK Aquatics to charge my bank account/credit card monthly for my student's swimming lessons, until further notice. SIGNATURE REQUIRED.

Signature: _____ Date: _____