



Registration Form

Parent Name _____ Date _____ WJCC Member _____

How did you hear about us?

Returning Student _____	WJCC _____	Internet _____	My Gym _____	LA Parent _____	Expecting Magazine _____
PeachHead _____	Mailing List _____	Jen's List _____	Family/Friend _____	\$20 Referral _____	Other _____

Address _____ City _____ Zip _____

Email _____

Phone # _____ Secondary # _____

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

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

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

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

Medical Conditions _____

Please read and initial each policy.

- _____ LKSA offers a satisfaction guarantee on all their lessons; therefore there are **NO REFUNDS FOR ANY REASON.**
If I am not happy with any lesson, I will let LKSA know the day of the lesson and receive a FREE make-up lesson.
- _____ My initial payment includes an enrollment fee of \$55 per child and includes a LKSA swimsuit, cap and student book. An annual registration fee of \$15 per child or \$35 per family is due in January. Multiple child/lesson and JCC discounts are also available; check with the office staff.
- _____ If I need to discontinue lessons, effective immediately, any charged balances will be kept in my account at LKSA until I choose to resume lessons; or I may use my credit for retail, or any other service we offer.
- _____ I understand that **lessons must be cancelled by 9 am the day of the lesson to qualify for a make-up.** Make-ups are limited to one per term for term students, and two per three months for monthly clients. Make-ups are valid for one month from the date of the cancellation. Lessons cancelled by LKSA are also good for one calendar month with no other restrictions.
- _____ **LKSA cannot guarantee the same instructor for each lesson.** If my instructor is absent, another qualified instructor will be assigned. If possible I will be notified of such changes, but LKSA cannot guarantee to do so.
- _____ LKSA reserves the right to change class designations/levels at any time.
- _____ **I understand that there is absolutely no rescheduling of make-up lessons.**
- _____ I understand that although my child may pass certain skill levels during 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 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 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, WJCC, and their employees for any complications or injuries that may result from myself or my children attending LKSA.
- _____ I authorize LKSA to use email as the best means of communication for any updates and announcements regarding LKSA activities and ONLY FOR THIS PURPOSE.
- _____ **I AM AWARE that parking is shared with other WJCC programs and is available on a first come first served basis. I will allow enough time to park in case of congestion.**

I have read the above policies and understand their content, and I have received a copy of this statement.

Signature _____ Date _____

Name _____ Date _____ WJCC Member _____

Phone: Primary _____ Secondary _____

MONTHLY BILLING:

_____ I understand that I am continuously enrolling for swim lessons and that my bank account or credit card will be automatically 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.** I also understand that if I sign up for monthly billing after the 1st of the month, my initial payment will include a prorated amount for the current month plus the balance for the next month.

Type of Payment: (Choose One)

_____ Bank acct #: attach a voided check.

_____ Credit Card, Visa/Master Card # _____ Exp. Date _____

Name on Card _____

Billing address _____ City _____ Zip _____

_____ My signature below authorizes Lenny Krayzelburg Swim Academy to charge my credit card/bank account monthly for my students' swimming lessons until further notice. (Signature required).

Signature _____ Date _____

Make Up Policy

_____ I am eligible for 2 makeup lessons every 3 months. **Lessons must be cancelled before 9 AM on the day of the lesson.** Each make up lesson is valid for one calendar month from the date of the cancellation, as long as I am currently enrolled.

Termination of Lessons

_____ I agree to give the swim academy 30 days advance notice to terminate my student's lessons by completing the 'Lesson Termination Form' which is available in the swim academy office.

_____ I agree to be enrolled in the program for at least 30 days before submitting 30 days advance notice to terminate lessons.

TERM BILLING:

_____ I have chosen a term billing option, in which I agree to pay in full for two month terms.

_____ Term clients enrolling after the first two weeks of current term are required to pay for the current and the next term in full.

If I want to keep the same schedule next term, it is my responsibility to re-register for the next term no later than the 20th day of the second month of the current term.

_____ NOTE: FAILURE TO ENROLL IN A TIMELY MANNER MAY RESULT IN LOSS OF MY SCHEDULE.

I also understand that payments must be MADE IN FULL at the time of registration in order to keep my lesson time.

Make Up Policy

_____ I am eligible for 1 makeup lesson each term. **Lessons must be cancelled no later than 9 AM the day of the lesson.** Each make up lesson is valid for one calendar month from the date of the cancellation.

Signature _____ Date _____