

Registration Confirmation

Initials: _____
Spoke with: _____
Date: _____

Registration

Parent's Last Name: _____
Child's Last Name: _____

Current Family Past Family New Family

DATE: _____ TIME: _____ EMPLOYEE INITIALS: _____ SESSION: _____

STUDENT INFORMATION:

1st Student _____ Sex _____ Age _____ DOB ____/____/____ Phone (____) _____
2nd Student _____ Sex _____ Age _____ DOB ____/____/____ Phone (____) _____
Mom's Name _____ Dad's Name _____
Address _____ City _____ Zip _____
Mom's Email _____ Dad's Email _____
Medical conditions or allergies to which we should be alerted _____
How did you hear about us? _____

CLASS INFORMATION:

1st STUDENT -
1st Choice* - Program: Swim/Gym (circle) Level _____ Day _____ Time _____
2nd Choice* - Program: Swim/Gym (circle) Level _____ Day _____ Time _____

2nd STUDENT -
1st Choice* - Program: Swim/Gym (circle) Level _____ Day _____ Time _____
2nd Choice* - Program: Swim/Gym (circle) Level _____ Day _____ Time _____

STUDENT 1:

Day: _____
Time: _____
Level: _____

STUDENT 2:

Day: _____
Time: _____
Level: _____

NO NEWS IS GOOD NEWS! WE CALL ONLY IF THERE IS DIFFICULTY SUPPLYING YOUR FIRST CHOICE!

PAYMENT INFORMATION:

Payment must be made at the time of registration. Thank you!

One time annual, non-refundable Registration Fee: \$25.00

Tuition:

- I would like to pay the full amount now.
- I would like to pay 50% now with the balance deposited 30 days from my registration date.

\$25.00 + \$ _____ = Total Investment Due: \$ _____

Payment Method: Check (Check No. _____) Credit Card (circle one) Visa MasterCard

I authorize LTSS to run my card between the date I register and 30 days after I registered to arrange for my 2nd payment (if applicable).

Name on Card _____ Billing Address (if different from above) _____

Signature _____

Credit Card Number: _____ Expiration Date: _____

Funds Received:

Balance Due _____	Check _____ / _____ Amount Check #	Cash _____ Amount	CC _____ / _____ / _____ Date Processed Amount Initials
Balance Due _____	Check _____ / _____ Amount Check #	Cash _____ Amount	CC _____ / _____ / _____ Date Processed Amount Initials



www.love-to-swim.com
(210) 492-2606

ASSUMPTION OF RISK · WAIVER OF LIABILITY · PHOTO RELEASE · MEDICAL AUTHORIZATION

I recognize that severe injuries, including paralysis or death can occur in sports or activities involving height or motion; those activities including but not limited to gymnastics, tumbling, swimming and diving. In addition I recognize that swimming or any activity in or around water can result in brain injury or drowning. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Love to Swim School or Love to Tumble programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Love to Swim School and Love to Tumble Preschool Gym, its officers, directors, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation with said facilities.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Love to Swim School and/or Love to Tumble Preschool Gym and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Love to Swim School and/or Love to Tumble Preschool Gym.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Love to Swim School and or Love to Tumble Preschool Gym publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature _____ DATE _____

WHITE COPY....Submit to: Love to Swim School · 15502 Huebner Rd, Suite 111 · San Antonio, TX 78248 · (210) 492-2606 · (210) 492-7606 Fax
YELLOW COPY....Keep for your records. NO NEWS IS GOOD NEWS. We call only if there is difficulty supplying your first class choice!
Please read the Registration Agreement and Understanding on the reverse side of this page before submitting. THANK YOU!



REGISTRATION AGREEMENT AND UNDERSTANDING

Please keep this information for your records.

MAKE-UP POLICY

In order to maintain the integrity of our classes both as to content and to size, we do not offer make-ups. We have found that adding children to classes for make-ups disrupts the rhythm of the class. Please do your best to attend. We offer a free open swim/gym pass for the entire family if it is necessary for your child to miss a lesson.

CANCELLATIONS

Please be careful when enrolling. Our class sizes are limited; we schedule and pay coaches based on enrollment. If you feel the need to cancel your swim lessons, Love to Swim School will refund your payment minus a \$50 cancellation fee in addition to a per class charge for the classes that have been held. The \$25 registration fee is not refundable. **There are no exceptions.**

COLLECTIONS POLICY

In the event your Love to Swim School account falls into delinquency and is reported to a collection agency, you are responsible for any and all fees additional to the amount owed to Love to Swim School. These additional fees include but are not limited to, collections fees, non-sufficient funds fees, court costs, late fees, and any other additional fee incurred by the school.

TEACHER REQUEST

We realize that some of our students and many of our parents have become fond of particular coaches. So have we - we love our coaches! At Love to Swim School we will continue to make decisions regarding where teachers are placed based on our effort to provide the best swimming experience possible - for everyone. We are well aware that different students respond to different teaching personalities. We will always try to respond to these needs. **We will NEVER guarantee** a teacher and we will always reserve the right to change teachers before a session starts if considerations require it.

SWIM DIAPERS

All children age 3 and younger and/or who are not yet potty trained are required to wear a **REUSABLE** swim diaper. The Health Department mandates this and it is important and necessary because a fecal accident will cause the pool to close for 24 hours or more. Due to **the failure of disposable** swim diapers to work effectively, we must require only **washable**, Health Department approved swim diapers in our pool.

REMOVAL DISCLAIMER

LTSS continues to build on its commitment to excellence by providing the best and safest swimming experience for all our students. In order to provide the safest possible instruction, Love to Swim School **reserves the right to remove a child** from our program if that child **can not adjust to a group setting**. Any child who requires an inordinate amount of time from the instructor compromises the safety as well as the enjoyment of the group as a whole. In order to continue in group lessons, an assistant must be provided by the family in order for the student to remain in the class or we will request that the student move to private lessons (private rates applicable).

Medical History: Please note on the registration form any medical condition or learning disability your child may have. (ADHD, ADD, Autism, hearing impaired, diabetes, etc.) Notification will aid in our ability to better assist and coach your child.