

# ROB KNIGHT'S SWIM AMERICA REGISTRATION FORM 2014-2015

Swimmer's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lane \_\_\_\_\_  
 2<sup>nd</sup> Swimmer's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lane \_\_\_\_\_  
 3<sup>rd</sup> Swimmer's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lane \_\_\_\_\_

Parents' Name: \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list any medical conditions & medications. \*\*\*\*This is very important, especially since it could involve a swimmer's focus or motor skills.**

\_\_\_\_\_

Previous Experience (If new student). \_\_\_\_\_

- ✓ For safety reasons, swimmers must remain on the blue decking until dry and all children over 3 years old must use appropriate locker rooms. No boys over Age 3 in the ladies locker-room. We have a unisex changing area.
- ✓ All swimmers in lessons will need goggles, and those with shoulder-length hair need to wear a swim cap.
- ✓ Baby n' me – A plastic swim diaper is required if baby isn't 100% potty trained.
- ✓ We do **not** offer make-ups for any reason during the *school year*, *however*, we do offer a free Family Open Pass for lessons missed for any reason. If you decide to drop a class for any reason, we will mail you a refund for the remaining classes, less a \$25 administrative fee per swimmer. Proper notification is 48-hours, so if less than 48 hours, you will be charged for that lesson since we did not have time to fill that vacancy.
- ✓ Nervous Beginner classes cannot be re-scheduled for any reason.
- ✓ Registration is simple and on-going. We have payment deadlines to hold your existing timeslot. Payment notifications and all important deadline dates will be posted at RKSA, on the website, and you can sign up for email notices. Missed payments dates will result in loss of a timeslot. Thanks for understanding!!!
- ✓ Please do not post photos that that show other children, other than your own, on social media sites.

*I agree to assume all responsibility and liability for my children and myself without regard to fault while at Rob Knight's Swim America. I further agree to release Rob Knight's Swim America and its employees from all claims and liabilities arising in participation in, or attendance at current or future programs. Swim America has my permission to give CPR and first aid, if necessary. I have listed all medications and medical conditions.*

Parent signature \_\_\_\_\_

## School Year 2014-15

*Please list your top 3 choices for day and time.*

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

**RKSA OFFICE USE ONLY:**

<u>Payments received</u>	Renew
<b>Lessons</b>	Not offered
<b>Fees:</b> _____	Want to change
<b>TOTAL</b>	Previous
Day/time/lane _____	Open

## Summer 2015

*Please list your top 3 choices for day and time.*

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

**RKSA OFFICE USE ONLY:**

<u>Payments received</u>	Renew
<b>Lessons</b>	Not offered
<b>Fees:</b> _____	Want to Change
<b>TOTAL</b>	Previous
Day/time/lane _____	Open