

AQUATIC SOLUTIONS

CREATING POSITIVE WATER EXPERIENCES

2017 PROGRAM REGISTRATION FORM			
Name:	Age:	Registration Date:	
Parent's Name:		Home Phone:	
Address:		Cell Phone:	
City:	Zip:	Work Phone:	
*E-mail Address:		KIA Patron: YES NO	
*By providing my e-mail address, I am consenting to receive information via e-mail from Aquatic Solutions/DGills Enterprises LLC. Any further distribution of my e-mail address is unauthorized. Referred by: _____			
Date/Day/Class.	Class Time	Class Location	Class Fee
1.			
2.			
Check # _____ Payable to: AQUATIC SOLUTIONS *CREDIT: + \$5.00 fee/class			
*Credit Card # _____ Exp. Date _____			TOTAL

WAIVER OF LIABILITY: I hereby, for myself, my heirs, agents and administrators, waive and release any and all rights and claims for damages I may have against Aquatic Solutions, Kids In Action LLC, Kingwood Lodging Group, LaQuinta Inn and Suites, WW Diving, Walden Country Club, DGills Enterprises LLC, their instructors, sponsors, respective agents, representatives, successors, for any and all injuries suffered by me or my child during this program. **I hereby affirm that I and/or my child(ren) are in good physical condition and do not suffer from any disability or medical condition that would prevent or limit my participation in the program listed above.** _____ Initials

REFUND/MAKE-UP POLICY:

1. If you must cancel prior to the first lesson, 1/2 OF YOUR CLASS FEE WILL BE FORFEITED.
2. There are NO REFUNDS for group lessons/classes after the 1st day of class for any reason.
3. Rescheduled lessons for groups are provided ONLY if the instructor cancels class due to severe weather conditions or illness. **We cannot provide "make-ups" in group lessons/classes if you/your child misses due to illness or for personal reasons.** _____ Initials

- I understand that the techniques learned in this course are ONLY for my personal use and are not to be shared with another instructor/competitor who teaches swim lessons. _____ Initials

- Photography/Video Taping of class instruction is prohibited without prior consent and will be determined at the instructor's discretion. _____ Initials

Signature: _____ Date: _____
(Parent's signature if under 18.)

Cash, Check (Payable to Aquatic Solutions) or Credit (+\$5.00 transaction fee)

*"Quality Programming on the Cutting Edge of the Aquatic Fitness Industry."
Aquatic Solutions Cooperative
P.O. Box 6646, Kingwood, Texas 77325-6646
dgills2010@gmail.com*