



KIMSWIMS



REGISTRATION FORM

DATE ___/___/___

STUDENT INFORMATION

NAME FIRST: _____ MI: _____ LAST: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: ___/___/___ AGE: _____

PARENT NAME FIRST/LAST: _____

CELL PHONE #: _____ E MAIL : _____

LESSON INFORMATION

DAY: _____ TIME: _____ LEVEL: _____

LESSON START DATE: ___/___/___ PLANNED MISSED DATE: ___/___/___ (NO MAKE-UPS/REFUNDS)

LESSON END DATE: ___/___/___ LESSONS: _____ (IF LESS THAN 8 SEE FEE SCHEDULE)

LESSON FEE \$ _____ CASH: _____ OR CHECK # _____ (PLEASE MAKE CHECK PAYABLE TO: KIMSWIMS)

As a student, parent, or guardian of a student, guest, or staff member, I hereby release and absolve Kimswims, its members and employees, and W&L Associates, LLC from any disability for injuries or damages which I may suffer at Kimswims.

I understand and agree that I have given up all rights of any claims or suits, now or in the future, which I may have against Kimswims, its members and employees, and W&L Associates, LLC, for any injuries or damages which I may suffer while a student, parent, or guardian of a student, guest, or staff member of Kimswims.

I have read all of the above and I understand that this releases Kimswims members and employees, and W&L Associates, LLC from liability.

SIGNATURE: _____ **DATE:** ___/___/___

REGISTRATION RECEIPT (Complete detach and keep for your records)

NAME _____ DATE: _____

DAY _____ TIME: _____ LEVEL: _____

START DATE: _____ END DATE: _____ # OF LESSONS _____

KIMSWIMS

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