

Pisces Swim School, Inc. - Student Registration Form

Students Full Name: _____ Age: _____

Nickname: _____

Mother/Guardians Name: _____

Father/Guardians Name: _____

E-mail Address: _____

Address where lessons take place:

Street Address: _____ City, State & Zip Code: _____

Parent/Guardians work #: _____

Parent/Guardians home # _____

Parent/Guardians cell # _____

Has your child ever had swimming lessons before? Yes _____ No _____

Please list any medical conditions your child may have? _____

How did you hear about Pisces Swim School? _____

Please note that make-up lessons will **ONLY** be given in the event that there is unsafe weather conditions such as heavy rain and/or thunderstorm or if your child suddenly becomes sick. Please call your instructor to schedule the make-up class. **Payment is due on the first day of class.**

Swimming lessons are not a substitute for water safety and common sense. Children (and adult non swimmers) MUST be properly supervised by an adult swimmer any time they are in or around water. Pisces Swim School, Inc. and its staff will not be held liable/responsible for any injury occurring after its staff has left the premises and/or swimming lessons have been completed.

Parent/Guardians Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: Pisces Swim School, Inc.

For Instructors Use Only

Type of lesson: Private _____ Group _____ Parent & Me _____

Form of payment: Check _____ Cash _____ Cashiers Check/Money order _____
(amount) (amount) (amount)