

Ripples Swim School

Registration Form:

Participant Info

Child's Name: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Addtl. Child: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Addtl. Child: Last _____ First _____ Date of Birth _____ Age _____ Sex _____

Desired Weekly Lesson Time/Program (Please check our schedule for class options)

Day 1 _____ Time _____ Swim Program _____ Format _____

(If desiring more than 1 class per week)

Day 2 _____ Time _____ Swim Program _____ Format _____

Day 3 _____ Time _____ Swim Program _____ Format _____

Emergency Contacts

Father: Name _____ Email _____

Home Ph _____ Work Ph _____ Cel Ph _____

Mother: Name _____ Email _____

Home Ph _____ Work Ph _____ Cel Ph _____

Medical History

List, if any, medical history (allergies, learning disabilities, etc.) that we should be aware of and would help us in working with your child:

Payment (please select option a or b)

- a) Automatic Debit Request from BANK ACCOUNT

Name of Bank: _____

Circle One: Checking Account Savings Account

Electronic Routing #: _____ Bank Account #: _____

I authorize Ripples Swim School to automatically bill my bank account a pre-determined amount on a monthly basis for swim lessons and a one-time, pre-determined amount for annual membership.

OR

b) Automatic Debit Request from CREDIT CARD/DEBIT CARD

Card Type (Circle One): VISA MASTERCARD DISCOVER AMEX OTHER _____

Card #: _____ Exp. Date: _____ AVS/CVV#: _____

Cardholder Name (as it appears on card): _____

Cardholder Zip Code (as it appears on card billing address): _____

I authorize Ripples Swim School to automatically charge my credit card/debit card a pre-determined amount on a monthly basis for swim lessons and a one-time, pre-determined amount for annual membership.

Authorization

I have read and accept the general and financial policies as stated here. I have read the *Ripples Swim School Policies* Form and agree to its terms and conditions. I understand that by signing this authorization I am entering into an agreement with Ripples Swim School. A 30 day written notice for cancelations is required. A signed waiver form must accompany this registration form for it to be valid.

Parent or Guardian Signature: _____ Date: _____

Note: This Registration Form must be accompanied by a signed Ripples Swim School Waiver.