

SWIM LESSON APPLICATION FORM

Child's Family Name: _____

Parents' / Guardians' First Name: _____

E-mail: _____

Address: _____

Postal Code: _____

Telephone No.: Home: _____ Emergency: _____

Children's Names	D.O.B. (D/M/Y)	Age	Level	Session	Preferred Time		Cost	
					1 st Choice	2 nd Choice		
Total:								

If the session that you have requested is full, which other session are you able to attend? _____

PLEASE SUBMIT WAIVER ON PAGE 8
Confirmation letters and income tax receipts will be sent by email

LESSON TERMS AND CONDITIONS

- Receipt duplicates will be subject to a \$15 administrative fee.
- Returned cheques will be subject to a \$25 administrative fee.
- Payment is due at the time of registration. **No postdated cheques.**
- **No refunds** unless there is a medical reason (medical doctor's certificate) for withdrawing. Refunds are subject to a 20% administrative fee. Refund deadline is August 31, 2019.
- Because all lessons are progressive, we cannot split a session.
- In extreme circumstances (emergencies, weather, etc.), L.I.A.C. cannot provide refunds or make up for lost time.
- **Waterproof non-spray on sunscreen only.** Sunscreen must be **applied a minimum of 20 minutes before entering the pool.**
- Provincial regulation states that **all persons must shower before entering the pool.**
- All Parents/Caregivers must remain on the grass at all times & must leave promptly after lessons are over.
- Lessons are non-refundable and non-transferable
- Unsigned forms will not be processed

I (we) confirm that the above information is correct and I (we) agree to abide by the rules of LIAC posted at the pool. I (we) have read, understand and will abide by the terms and conditions outlined above.

Signature: _____ Date: _____

OFFICE USE ONLY	Date Received:	Method of Payment:
	Received by:	Amount Received: \$

**Long Island Aquatic Club Swimming Lessons 20__ Waiver and Release of Liability Form
(for participants under the age of 18)**

Swimmer's Name(s): _____

I, (we), the undersigned, being Parents or Guardians of the above named swimmer(s), do hereby consent to the above named swimmer(s) participating in swimming lessons at the **Long Island Aquatic Club**, include time in the water and at poolside.

I, (we), understand that the various swimming exercises and drills used in swimming lessons are not recommended for individuals who have potential medical problems unless under direct medical supervision. The swimmer(s) and his or her Parents or Guardians further agree that the above named swimmer(s) has no medical problems that would reasonably prevent their participation, and is in good health, and that the **Long Island Aquatic Club** will not be responsible for any medical or related claims as a result of any action resulting from participating with the **Long Island Aquatic** swimming lessons.

I, (we), do assume all risks and hazards incidental to swimming lesson participation and hereby irrevocably waive all claims whatever which I, (we), or the above named swimmer may have against the **Long Island Aquatic Club**.

I, (we), do hereby release, absolve, indemnify and save harmless the **Long Island Aquatic Club**, their employees, volunteers, officers, directors, lifeguards, coaches and supervisors from any claim which I (we), or the above named swimmer(s) may have as a result of his or her participation in swimming lessons.

I, (we), hereby acknowledge my (our) acceptance of this waiver and release, knowing it to be a legal document and of legal force and effect, and agree that this waiver and release is a condition of participation in the swimming lesson activities of the **Long Island Aquatic Club**.

Parent or Guardian

Date