



Swim School \* AquaKids Sharks Swim Team \* *FUN*damental Swim Camp  
 PO Box 560055 \* Miami, Florida 33256-0055 \* Office: 305-232-4222 \* WCS Pool: 786-255-0284  
 aquakidsswim.com & aksharks.com

***2021 CONTINUING EDUCATION & AquaKids SHARKS***  
**MEMBERSHIP APPLICATION**

FAMILY'S LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT (1) NAME \_\_\_\_\_ PARENT (2) NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL (for invoices & important announcements) \_\_\_\_\_

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**SWIMMER INFORMATION:**

**1. Swimmer's (official) Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**2. Swimmer's (official) Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**3. Swimmer’s (official) Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

Swimmer’s e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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Emergency Contact Name(s): \_\_\_\_\_

Emergency Contacts’ Phone Number(s): \_\_\_\_\_

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Initial Fees & Dues	Registration Fee(s)	Partial Month Dues	First Month’s Dues	Total
Swimmer #1:				
Swimmer #2:				
Swimmer #3:				

Total: \_\_\_\_\_

**TERMS & CONDITIONS OF ENROLLMENT:**

**WAIVER/RELEASE OF LIABILITY**

***PLEASE READ CAREFULLY BEFORE SIGNING.***

***THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.***

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in (the sport of) swimming, including but not limited to, paralyzing injuries and death. The participant and/or the parent/guardian of the participant hereby agrees to participate in the AquaKids Swimming programs and hereby agrees to indemnify and hold harmless AquaKids, Inc. and Westminster Christian School, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in any AquaKids programs. The participant and/or the parent/guardian of the participant also agrees to indemnify AquaKids, Inc. and Westminster Christian School for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant and/or the parent/guardian of the participant authorize any representative of AquaKids to have the participant treated in any medical emergency during their participation in AquaKids. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on the Registration Form any medical/health problems of which the staff should be aware. I have read and understand the “Terms and Conditions Enrollment and Participation” and the Dues and Tuition structure (including late fees/refund policy) and agree to assume full responsibility for payment of all the associated fees. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Participant or Parent/Guardian)