



Aqua-Kids Summer Camp

www.flswimschool.com

Participant's Name: _____

Address: _____

Date of Birth: _____ Gender (M/F): _____ Medical Issues: _____

Parent/Guardian's Name: _____

Parent/Guardian Cell No. _____ E-mail _____

In case of Emergency and parent/guardian unavailable, please call:

Name _____ Cell No. _____

Please Check next to the date(s) attending

1st Week @ \$375 June 8-12 _____

2nd and subsequent weeks @ \$338 June 15-19 _____

Siblings \$338 each week July 6-10 _____

July 13-17 _____

August 3-7 _____

Total Due: _____ August 10-14 _____

August 17-21 _____

Additional weeks may be added as demand requires.

There is a 10% discount for siblings. Payment may be made by check, cash or credit card.

Payment in full is due one week prior to the first day of camp.

I, _____, as Parent/Guardian of _____ (participant) in consideration of participating in Florida Swim School Aqua-Kids Camp, related events and activities acknowledge, appreciate, and agree that:

I, for myself and my heirs, assigns, personal representatives, and next of kin hereby release and hold harmless Florida Swim School, their officers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessor of the premises (Releasees), with respect to any and all injury, disability, death, loss, or damage to person or property to the fullest extent permitted by law; and

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, I understand such risk does exist; and

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian

Date

Credit or Debit Card Info: Name on Card: _____

Card No. _____ Exp _____

**Email Forms/Payment to kara@flswimschool.com
or mail to Florida Swim School
1082 S Rogers Circle
Boca Raton FL 33487**