



572 Route 25A * Rocky Point, NY 11778
631-744-7707 * www.schooloffishswimandscuba.com

REGISTRATION FORM FOR SWIMMING LESSONS

Child's name _____ Date of Birth _____
 last first

Child's name _____ Date of Birth _____
 last first

Parent's names _____
 Mother Father

Home address _____
 Street Town State Zip

E-mail: _____

Home Phone:(____) _____

Work Phone:(____) _____

Cell Phone:(____) _____

Print Carefully

Swimming History:

1. ___ Never had lessons
2. ___ Had limited instruction
3. ___ Can swim but needs work on strokes
4. What are your child's physical limitations _____

5. What are your goals for your child _____

6. How did you hear about us? ___ news ad ___ drive by
___ friend ___ other: _____



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Fax: 631-744-0129

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RELEASE FORM

_____ (Adult), being over age of 18 years, and/or being the parent/legal guardian of _____ (Children), has either enrolled or will participate and/or has enrolled a minor or minors (known as "Enrollee(s)") to participate in aquatic activities offered by Swim King Dive Shop d.b.a. School of Fish Swim and Scuba, at a facility (known as "Center") used, leased or licensed to School of Fish Swim and Scuba. I hereby agree and state as follows:

I hereby authorize any representative of School of Fish Swim and Scuba to arrange to treat Enrollee(s) for injury in any medical emergency during participation in aquatic activities at the Center. Further, I agree to pay all costs incurred for medical care and transportation for Enrollee(s), as the case may be.

I acknowledge that there are certain life-threatening risks involved in swimming activities.

I hereby waive, release and forever discharge and agree to indemnify and hold harmless School of Fish Swim and Scuba, their shareholders, owners, members, directors, officers, agents and employees (the "Released Parties") from any and all actions, suits, demands, claims, damages, attorney fees, and causes of action of any type or kind whatsoever arising out of or caused by Enrollee's participation in any aquatic activities at the Center.

I represent that Enrollee(s) has (have) no known medical/health problems.

I have carefully read the terms of this waiver/liability release and sign it with full knowledge of its contents and significance. If sent via Fax, a Facsimile signature shall be deemed an original signature. (Fax 631-744-0129).

Date: _____

Signature _____

Print Name _____

Address _____

Telephone _____

MAKE-UP CLASS POLICIES:

If you need to cancel your scheduled class, please call us as soon as possible. Your absence on a given day will be used to give someone else a make-up class. If we are not here, YOU MUST leave a detailed message on the phone stating your child's name as well as day and time of lesson.

PLEASE FOLLOW THESE GUIDELINES TO GET A MAKE-UP CLASS:

- For classes in the morning BETWEEN 8:30 & 11:00 AM , we prefer that you cancel the night before, however, you must cancel no later than 7:00 AM on the day of the class in order to get a make-up for that class.
- For classes BEGINNING AT 11:30 AM AND ON, you must cancel at least 4 hours before your class time in order to get a make up for that class.
- Every effort will be made to schedule your make-up lesson with your child's teacher. However, it may be necessary to schedule the make-up with one of our other teachers (either for your convenience or due to an unforeseen issue.) All make-up classes have to fit into available openings in our schedule.
- You are only permitted a maximum of 3 make-ups in a six week/six class session. Make-ups caused by School of Fish will not be counted in this total.

YOU WILL NOT BE GIVEN A MAKE-UP LESSON FOR THE FOLLOWING REASONS:

- MAKE-UP CANCELLATION: If you schedule a make-up class, and then cancel it, you will not be given a new make-up class. You will lose that class. There will not be any exceptions to this rule.
- NO SHOW POLICY: If you miss a scheduled lesson and do not notify us in advance of your absence (as per the guidelines above), you will not get a make-up class for that lesson. There will not be any exceptions to this rule.

PRINT STUDENT NAME: _____ PRINT PARENT NAME: _____

PARENT SIGNATURE: _____ Date: _____

School of Fish Swim & Scuba
572 Route 25A Rocky Point, NY 11778 631-744-7707
POLICIES AND PROCEDURES

1. **GOAL**: Our goal is to produce happy, skilled, safer swimmers while building self esteem and creating a love for the water. We are committed to professional swim lessons in a nurturing and fun environment.
2. **SAFETY**: Safety is incorporated into every class. Please do not let children enter the pool area until the instructor is ready for class.
3. **TUITION**: A deposit or payment in full is due at the time of enrollment and is nonrefundable. We accept cash, checks, Visa, MasterCard, American Express, & Discover Card. The unpaid balance will be due at the start of the session. Deposits are not refundable. **MULTIPLE SESSIONS**: If you purchase multiple sessions, they must be done consecutively to maintain the current pricing. If you skip a session, and there was a price increase, you will be responsible for that increase. Deposits for multiple sessions are non-refundable.
4. **RETURN CHECK POLICY**: If a check is returned for any reason, a \$35.00 fee will be charged to your account. Once notified, payment is due immediately.
5. **SCHOOL OF FISH FACILITIES**: The School of Fish building & its surrounding property is smoke-free. Please park in designated areas only.
6. **REFUND \ CANCELLATION POLICY**: We have a **NO REFUND** policy. We do not refund tuition for missed classes. If there are extreme circumstances such as broken bones, etc. a doctor's note given to the director will allow your account to be put on hold until your child can resume lessons.
7. **HOLIDAYS**: We follow the vacation schedule of the local school districts. We are closed for swimming lessons on Thanksgiving Day, Christmas Day, New Year's Day, & July 4th. Signs will be posted in the pool area to remind you to schedule a make-up class if your scheduled lesson falls on a holiday.
8. **HEALTH**: Please tell your instructor if your child has any medical problems, disabilities or fears. Do not bring a sick child to class. This includes yellow or green nose secretions, pink eye, fever, etc.
9. **DISABILITIES**: If your child has a disability or is in the care of a doctor, you must disclose this to School of Fish.
10. **PARENTAL SUPERVISION**: Parents must supervise their children before and after their swimming lessons. Parents must stay on School of Fish property at all times during their child's swimming lesson.
11. **CLASS START AND FINISH**: Please arrive 5-10 minutes prior to your scheduled swimming lesson. Please have your child dressed and ready to swim and have your child use the restroom before class. We start and stop our classes on time according to our School of Fish clock as our instructors have a schedule to adhere to.

12. Pool Cleanliness & Required Items For Your Child:

- All children in the pool must be potty trained. We do not permit swim diapers in the pool because they act like tea bags. Bacteria filters through the diaper and pollutes the water.
- All girls and boys with long hair must wear a swimming cap. We recommend that your child use our lycra swim cap which is available for purchase in the store. The cap is stretchy and extremely comfortable.
- All children must have a pair of goggles for their swimming lessons. We have a varied selection of goggles available for purchase in the store.

13. Teacher Guidelines:

Our policy at School of Fish is to have your child swim with the same teacher during a session. There are exceptions to this policy, however. In case of teacher illness or other reason for absence, a substitute teacher will teach your child that day. If a substitute teacher cannot be arranged for, the class will be canceled and you will be given a make up class at a later date.

14. Food & Drink:

No food is permitted in the pool area or viewing area. No liquids except water are permitted in either area. Water must be in a plastic container.

15. Scheduling:

We may ask you, on occasion, to come in earlier or later on a given day. We attempt to adjust a teacher's schedule due to absences called in for that particular day. You do not have to do this, but we hope that you won't mind if we inquire.

16. We have specific rules for student absences and make ups. Please see "Make-Up Class Policies".

PRINT STUDENT NAME: _____ Date: _____

PRINT PARENT NAME: _____

PARENT SIGNATURE: _____