



Summer Registration Form 2017

Parent 1 Name: _____ Email Address: _____

Parent 2 Name: _____ Email Address: _____

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

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent 1 Cell: _____ Parent 1 Work: _____

Parent 2 Cell: _____ Parent 2 Work: _____

Where did you hear about us? Internet Friend Camp Keystone Other _____

Emergency Contact Name _____ Phone _____

Lessons run for 9 weeks, from **June 19 - August 18, 2017**. Each lesson lasts 30 minutes.

Rates: **30 min.** small group lessons **\$17.50/lesson**

Rates: **30 min.** private lessons **\$22.50/lesson**

Child 1:

Circle the desired lesson days

Child 2:

Circle the desired lesson days

Mon	Tue	Wed	Thurs	Fri
June 19	June 20	June 21	June 22	Make-Up
June 26	June 27	June 28	June 29	Make-Up
July 3	July 4 CLOSED	July 5	July 6	No PM Lessons
July 10	July 11	July 12	July 13	Make-Up
July 17	July 18	July 19	July 20	No PM Lessons
July 24	July 25	July 26	July 27	Make-Up
July 31	Aug 1	Aug 2	Aug 3	No PM Lessons
Aug 7	Aug 8	Aug 9	Aug 10	Make-Up
Aug 14	Aug 15	Aug 16	Aug 17	Make-Up

Choose 1 Time Slot:

8:15 - 8:45am _____

3:30 - 4:00pm _____

4:00 - 4:30pm _____

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Of Lessons _____ x \$17.50/\$22.50 = \$ _____

Of Lessons _____ x \$17.50/\$22.50 = \$ _____

Child 1: _____

Swim Level (See website for breakdown): _____ Years in KSS _____

Does your child have asthma, *allergies or any other medical condition that could be adversely affected by exercise or swimming, If yes, please explain: _____

Child 2: _____

Swim Level (See website for breakdown): _____ Years in KSS _____

Does your child have asthma, *allergies or any other medical condition that could be adversely affected by exercise or swimming, If yes, please explain: _____

***KSS rewards children with M&M's chocolate candies or Skittles.**



KEYSTONE SWIM SCHOOL POLICIES

1. I understand and agree that swim lessons should never replace adult supervision.
2. If my child comes under a physician's care during the course of instruction at Keystone Swim School, I understand and agree that it is my responsibility to notify the office before the start of class.
3. I understand that if my child is under a physician's care while in swim lessons, I must provide Keystone Swim School with a Doctor's Release note permitting my child to participate in lessons.
4. I understand that due to operational costs, tuition for swim lessons is non-refundable. In case of medical emergencies, credit for future lessons will be extended to customers.
5. If my child is a **No Show** for a swim lesson, my fees for the lesson will be forfeited.
6. The office must be notified 30min. prior to lesson of an absence otherwise your make-up lesson will be forfeited. **Make-up days are not guaranteed and are subject to space availability.** After 2 make-up days, a \$10 change fee will be charged to schedule additional make up days. I understand that there is no guarantee that the make-up instructor will be the same as my child's regular instructor.
7. **If your child does not attend camp the day of their lesson, and you are driving your child to lessons that day, you will forfeit your lesson if you show up more than 10 minutes late to your 30 minute appointment.**
8. On the rare occasion that lessons may be cancelled due to inclement weather, holidays, or other unforeseeable circumstances, I will be able to reschedule the lesson(s) without any additional fees.
9. I understand that while Camp Keystone is in session, lesson times may need to be altered due to the availability of the pool.
10. I agree that while I have a child under the age of three years attending swim lessons at Keystone Swim School, they must wear a washable Health Department approved swim diaper.
11. I understand that my child(ren) is not enrolled until a Registration Form is completed and tuition is paid in full. All tuition must be paid prior to the beginning of each session. There will be a \$35.00 fee charged for each returned check from the bank.
12. I agree to pay a \$15.00 non-refundable registration fee for the first child, \$10.00 for the second child, and \$5.00 for the third child, renewable each January.
13. I agree to assume all liability for my child(ren) and myself without regard to fault while at Keystone Swim School. I further agree to hold harmless Keystone Swim School and The Keystone Group, Inc. or any of the employees for any complications or injury that may result from my child(ren) or myself attending Keystone Swim School.
14. I allow my child's image to be used in any and all promotional photographs, videos, or websites.

I hereby certify that the information on the reverse side of this form is accurate, and that I have read and understand the Keystone Swim School Policies listed above.

After June 1 there are absolutely NO REFUNDS -NO EXCEPTIONS. _____ Initial Here

Parent/Guardian Signature _____ Printed Name _____ Date _____

FOR OFFICE USE ONLY					
Funds received:					
1st Payment: Check _____ / _____ Cash _____ Credit Card _____ Exp _____					
amount	check #		credit card #	date	
2nd Payment: Check _____ / _____ Cash _____ Credit Card _____ Exp _____					
amount	check #		credit card #	date	
3rd Payment: Check _____ / _____ Cash _____ Credit Card _____ Exp _____					
amount	check #		credit card #	date	
Session	Day	Time	Level	Child's Name	