2011
Registration and Payment Authorization Form

21218 St. Andrews Blvd #258, Boca Raton, FL 33433
Phone (561) 487-8276 www.qualityswimming.com

Parent's Name (Last) Name _____ (First) _____

Address _____City, State _____ Zip _____

Home Phone: _____Work Phone: _____Ext: _____ Cell Phone: _____

Email Address: _____ Would you like to receive information by email? (circle one) YES NO

How did you hear about Quality Swimming? (circle one) Boynton JCC Friend/Family Previous Customer School Flyer Discovery Pre-School Employee Mailing Money Mailer Rack Card

If referred by a friend, family member or employee, please give us their name: _____

Boynton Beach Customers Only: Lore and Eric F. Ross Jewish Community Center Member (circle one) YES NO

I have read the Quality Swimming Parent Handbook and understand the policies and procedures. Please initial: _____

Student Information

Student #1
Name: _____ Date of Birth _____ General Health (circle one): Fair Good Excellent

Does he/she have continuing medical or learning problems (circle one) YES NO

If yes, please explain: _____

Student #2
Name: _____ Date of Birth _____ General Health (circle one): Fair Good Excellent

Does he/she have continuing medical or learning problems (circle one) YES NO

If yes, please explain: _____

Student #3
Name: _____ Date of Birth _____ General Health (circle one): Fair Good Excellent

Does he/she have continuing medical or learning problems (circle one) YES NO

If yes, please explain: _____

Student #4
Name: _____ Date of Birth _____ General Health (circle one): Fair Good Excellent

Does he/she have continuing medical or learning problems (circle one) YES NO

If yes, please explain: _____

Photos and videos are occasionally taken at Quality Swimming and are used for Quality Swimming's publicity purposes and on social media such as Facebook and YouTube.
(Please initial) **Yes, you may use my child's photo and/or video: _____** **Please do not use my child's photo and/or video: _____**

I (**Parent's name**) _____ hereby give my permission for my above listed child (ren) to participate in the Quality Swimming, Inc. program. For, and in consideration of Quality Swimming, Inc. sponsoring we agree to release and forever discharge Quality Swimming, Inc., its officers and employees, Bright Horizons Family Solutions and the Lore and Eric F. Ross Jewish Community Center from any and all liabilities, demands of claims for loss or damage resulting from any injury or damage which may be sustained on account of his/her/your participation in the program. I have read and accept the payment procedures as stated in the Quality Swimming Parent Handbook. I understand that signing this authorization, I am entering an agreement with Quality Swimming until I cancel lessons. Cancellations must be made by the 5th of the preceding month (for example, notification by March 5th to discontinue lessons in April). This agreement may be reinstated upon re-enrollment. I agree to abide by all policies and procedures of Quality Swimming, Inc.

Signature of Parent/Guardian_____ **Date:** _____

Swimming.....a Gift for Life and Fitness!