



REGISTRATION FORM

Mr.
 Ms./Mrs. Parent Or Guardian Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student's Name: _____ Additional Students, Comments, and Concerns:
DOB: _____ male female Age: _____
Medical Problems or Concerns: _____

2nd Student's Name: _____
DOB: _____ male female Age: _____
Medical Problems or Concerns: _____

3rd Student's Name: _____
DOB: _____ male female Age: _____
Medical Problems or Concerns: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____



1150 NOGALES STREET, LAFAYETTE, CA 94549 ph. 925-943-7331

www.harrietplummer.com



General Policies:

REGISTRATION/LIABILITY FORM AND FEE:

Every student must have their registration and liability form filled out and signed along with the yearly fee before they can swim as of May 2, 2005. Please have the form filled out, signed and dropped off at the registration desk on your first day.

CANCELLATIONS:

If you need to change or cancel your lessons we need to be notified by **5:00 pm on the Thursday before** your session starts or you will be financially responsible for your session.

MAKE UP POLICY:

NO MAKE UPS! In order to maintain the integrity of our lessons, both in content and structure, we do not offer make ups. Please do your best to attend. However if you do miss a lesson we will, whenever possible, try to extend the length of your child's lesson on another day.

PARKING:

We do request that only one vehicle is to be brought to our premises. Our parking is limited and we have problems when Mom, Dad, Nanny's, and Grandparents bring separate cars. Thank you for your understanding and cooperation. While taking lessons you will be assigned a specific parking area. Please only park in your assigned area.

TEACHER REQUESTS:

Some of our students and many of our parents have become fond of particular teachers. At HPAS we will continue to make decisions regarding where teachers are placed based on our effort to provide the best swimming experience possible. We are aware that different students respond to different teaching personalities. We will always try to respond to these needs. *We will consider all teacher requests however we cannot guarantee them!*

SWIM DIAPERS:

Swim diapers are required for all students not fully potty trained. Any child wearing diapers day or night are still not safe in our pool. This is a health and safety issue. Please honor our request. We have reusable health department required swim diapers available for sale in our office. Little swimmers, pull ups, or other disposable diapers are not allowed.

DOGS:

We love dogs, but the health department and our insurance company do not. Do not bring your dog to swimming lessons!

LONG HAIR:

If your child has long hair please have it pulled back so it does not get in their face while swimming.

I HAVE READ THE ABOVE POLICIES FOR HARRIET PLUMMER AQUATIC SCHOOL AND AGREE TO THE HPAS POLICIES.

Signature of Parent or Guardian: _____ Date: _____



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Agreement and Release of Liability and Consents:

Student's Name: _____

2nd Student's Name: _____

3rd Student's Name: _____

Any Additional Student's: _____

WAIVER:

I agree to assume all liability for my child(ren) and myself without regard to fault while at Harriet Plummer Aquatic School. I further agree to hold harmless Harriet Plummer Burns and Edward Burns or any employee for any complications or injuries that may result to my child(ren) or myself while at Harriet Plummer Aquatic School. I also understand that although my child will acquire proficient skill during lessons, children need adult supervision around or near water at all times and are not considered drown proofed.

I, ON BEHALF OF MYSELF AND THE CHILD, HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT ON BEHALF OF THE CHILD AND OF MY OWN FREE WILL.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____



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Payment Form:

Parent or Guardian Name: _____

Student(s) Name(s): _____

When scheduling, all lessons must be reserved with a *Visa or MasterCard*  . The first day of your session you may pay by check, cash, or just keep the fees on your card. Your card will not be charged unless we do not receive payment at the end of your first day of your session. At this time you will be charged for your entire session.

Credit Card Info:

Name on Card: _____

Billing Address: _____

Check One:

VISA

MasterCard

Credit Card #: _____

Expiration Date: _____



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