Thank you for your interest in Keystone Swim School. Enclosed please find our registration form and class schedule. We are now accepting registrations for all of our classes.

To register, please complete the Keystone Swim School Registration Form in its entirety. Please indicate your preference of days of the week that you would like your child to attend under "Day Preferred" along with the time block that best fits your schedule. For example, if you would like your child's lesson to be between 4:00 and 5:00, you would place an "X" next to the 4:00-5:00 block under "Times Available." Private lessons are also available for an additional charge.

In order to determine what class your child should be enrolled in, please refer to our website at www.swimkeystone.com and review the swim levels page, or see the enclosed Keystone Swim School Levels, Prerequisites, and Course Goal sheet. If you need assistance, please feel free to call us at 818-889-2224.

Swimcerely,
Elyse Olkes
Director

# Registration Form 2012

Parent's Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

Postcard Mailer _____ United States Swim Association _____ LA Parent _____ Other _____

**1st Child's Name:** _____ Date of Birth: _____ Age: _____ Sex: _____

Day Preferred: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Times Available: 8:15-8:45: _____ 4:00-5:00: _____ 5:00-6:00: _____ 6:00-7:00: _____

Session: _____ Level (see website): _____

**2nd Child's Name:** _____ Date of Birth: _____ Age: _____ Sex: _____

Day Preferred: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Times Available: 8:15-8:45: _____ 4:00-5:00: _____ 5:00-6:00: _____ 6:00-7:00: _____

Session: _____ Level (see website): _____

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

_____

*We reward children with M&M's chocolate candies or Skittles.

Emergency Contact: Name: _____ Phone _____

**CLASS SCHEDULE & RATES**

**Please circle session choice below**

| | | | | |
|---|---|---|---|---|
| Session 1 | June 18 - August 16, 2012 | 2 30 minute lessons/week | 9 weeks | $315.00 |

Rates: 30 minute small group lessons $17.50 30 minutes private lessons $22.50

2854 Triunfo Canyon Road, Agoura Hills, CA 91301 Phone 818-889-2224 Fax 818-889-2416

REV. 1/2012

# 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 misses a class, **a make-up may be scheduled for a fee of $10.00**. I understand that there is no guarantee that the make up instructor will be the same as my child's regular instructor.
6. 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.
7. I understand that while Camp Keystone is in session, lesson times may need to be altered due to the availability of the pool.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.

Parent/Guardian Signature_____ Date_____

**FOR OFFICE USE ONLY**

Funds received:

1st Payment: Check _____/_____ Cash_____ Credit Card_____Exp_____
amount check # amount credit card # date

2nd Payment: Check _____/_____ Cash_____ Credit Card_____Exp_____
amount check # amount credit card # date

3rd Payment: Check _____/_____ Cash_____ Credit Card_____Exp_____
amount check # amount credit card # date

4th Payment: Check _____/_____ Cash_____ Credit Card_____Exp_____
amount check # amount credit card # date

| Session | | Day | Time | Level | Child's Name |
|---|---|---|---|---|---|
| | | | | | |
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