

Student's Name(s)	Level	Age	Date of Birth	Gender
1.			___/___/___	M / F
2.			___/___/___	M / F
3.			___/___/___	M / F
4.			___/___/___	M / F

Parent / Guardian Name: _____ Home Address: _____ Apt # _____ City: _____ State: _____ Zip: _____	Primary Phone: () Secondary Phone: () E-mail: _____
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Emergency Contact Name: _____ **Relationship:** _____ **Phone:** ()

I was referred by	I am referring										
Parent's Name: _____ First Last Student's Name: _____ First Last	<table border="1"> <thead> <tr> <th>Parent's Name</th> <th>Student's Name</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> </tr> </tbody> </table>	Parent's Name	Student's Name	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____
Parent's Name	Student's Name										
1. _____	_____										
2. _____	_____										
3. _____	_____										
4. _____	_____										

Special Needs (for example: doesn't speak English, ADD or Hearing Impaired) _____

Terms & Conditions

Refund Policy:

1. NO REFUNDS UNDER ANY CIRCUMSTANCES

Make-Up Classes:

- You are allotted a maximum of 2 make-up classes within the registered session.
- Make-ups cannot be scheduled for future sessions (no rollovers). Make-up classes cannot be used as a credit for future registrations/sessions.
- If a participant fails to attend a scheduled make-up class, that class will be forfeited. You cannot reschedule a missed make-up class.
- No make-ups can be scheduled on testing days, unless it's for testing.
- Make-up dates are provided based upon our availability and space. No credits or rollovers will be given if your availability prevents you from scheduling make-ups during the session and during the available dates provided.
- Be aware that towards the end of the session, it is difficult for us to find available space for make-ups. To ensure a greater possibility of availability, please schedule make-ups as soon as possible, before or after the missed class.

Discounts:

- Discount cards cannot be refunded or transferred to another person(s).
- A discount card is only valid 90 days from the date of issue.
- If a discount card exhibits alterations (scratch offs or cross outs), the discount card becomes void.
- Discount cards must be validated with a Swim-Koi employee's signature.

I hereby certify that I have read, understood and will adhere to Swim-Koi's "Terms & Conditions." I understand that I am signing a binding contract with Swim-Koi to provide a specific service. I acknowledge receipt of Swim-Koi's "Rules & Regulations" and that I have read, understood and will adhere to them. Should my child or I fail to adhere to any portion of the "Rules & Regulations," I understand and will abide by the actions taken by Swim-Koi as a result. I understand that Swim-Koi is limited in its' liability to me and my children.

Parent/Guardian Signature: _____ **Date:** _____

Brooklyn College Tuition

Children & Adults (ages 5 and up) – Session consists of ten 55 minutes classes

	Beginner to Level 2 <i>Price per class \$60</i> <i>Instructor to Student Ratio 1:4</i>	Levels 3 and 4 <i>Price per class \$60</i> <i>Instructor to Student Ratio 1:5</i>	Levels 5, 6, 7, and 8 <i>Price per class \$60</i> <i>Instructor to Student Ratio 1:6</i>
# Of Students	10 Classes	10 Classes	10 Classes
1	\$600	\$600	\$600
2	\$1,200	\$1,200	\$1,200
3	\$1,750	\$1,750	\$1,750
4	\$2,300	\$2,300	\$2,300
Swim Team Prep Price Per Class \$45		\$450.00 (10 classes)	
Student and Adult (Ages 16+) Pay Per Class \$65		\$600 (\$60.00 per class)	

Additional tuition information (applies to all students) - Fees and Discounts

\$35 registration fee charged per **new** student

Discount cards are given per family referred (Not per student referred)

TO BE FILLED OUT BY MANAGER

Student's Name	Requested Day(s)	Requested Time(s)	Level
1.			
2.			
3.			
4.			

Preferred Instructor (cannot guarantee choice):

Total Amount Due	Amount Paid	Balance	Receipt Number

☐ Cash	☐ ZELLE/Venmo	☐ Check Number
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Discount Card #: _____ Date Used: _____ Registration intake by: _____	Comments:
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