



(727) 510 - 7066  
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1628 Scott Street  
Clearwater, FL 33755

**ENROLLMENT AGREEMENT**

Name of student(s): 1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of pool to be used for instruction: \_\_\_\_\_  
City: \_\_\_\_\_, FL zip: \_\_\_\_\_

I, \_\_\_\_\_, [Name of parent or legal guardian], referred to as "Parent", enroll my child(ren) under the following terms:

	(Please circle)	Tuition:	\$ _____
Session Enrolled:	1 2 3 4 5 6 7 8 9 10	Registration Fee:	+ \$ 35.00
Type of Lesson:	Group or Individual	Deposit:	- \$ _____
Days per Week:	1 2 3	Balance Due:	\$ _____

I understand that I will be billed at the beginning of each session and payment is due at the first lesson. I am returning this agreement with the deposit set out above and I understand that this amount is to be credited on the first tuition bill. If registration is canceled by me, this sum is forfeited.

**CONDITIONS OF ENROLLMENT FOR CURRENT SESSION AND ALL SUBSEQUENT SESSIONS**

- A. Parent's permission for swimming instruction. I give permission for my child(ren): (1.) To receive group or individual swimming instruction from Making Waves. (2.) To be taught with various aids of instruction including dive rings, kickboards, sponge balls, toys, etc.
- B. Parent's agreement to be present during instruction. Parent acknowledges that Making Waves is a swim instruction service focused solely on teaching swimming skills. Parent agrees that at all times during swim instruction Parent will continue supervision of his or her child(ren) either by their direct presence at the pool or by delegating the responsibility for direct supervision to someone other than the Making Waves swim instructor.
- C. Parent's agreement that Making Waves is not liable for pool area. Parent agrees that the pool in which instruction is to occur is not owned, leased or maintained by Making Waves. Parent releases Making Waves and its individual instructors from any and all liability for the state of repair of the pool used for instruction, the condition of the premises around the pool, and the physical area in which Parent's child(ren) is to be instructed.

I agree to the "conditions of enrollment" contained in this agreement and I agree to pay the total of the charges indicated above at the times stated. I understand that Making Waves will schedule its instructors according to this Agreement and that no deductions will be made for absence or withdrawal.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_