



Gigglin' Marlin Swim

Program Registration (1 per student)



Student Name _____

Student Date of Birth _____ Age _____ Sex _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Phone (c) _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

How did you find out about the Swim Lesson Program? Please circle.

Advertisement Friend Previous Lessons Walk in Scuba Email

Other _____

COURSE INFORMATION

Step 1: SESSION DAY (2 Choices in Order)	Step 2: CIRCLE COURSE	Step 3: CIRCLE ABILITY LEVEL	Step 4: SESSION TIME (3 Choices in Order)
___ Monday	StarBabies	White	___ 10:30 – 11:00
___ Tuesday	StarTots		___ 11:00 – 11:30
___ Wednesday	Cuttlefish SS		___ 11:30 – 12:00
___ Thursday	Seahorse SS	Red	___ 3:00 – 3:30
___ Friday	Dolphin SS		___ 3:30 – 4:00
	Adult SS	Yellow	___ 4:00 – 4:30
	Shark Stroke School		___ 4:30 – 5:00
			___ 5:00 – 5:30
		Blue	___ 5:30 – 6:00
			___ 6:00 – 6:30
		Green	___ 6:30 – 7:00

PLEASE READ

- I understand that Gigglin' Marlin Swim requires all parents/caregivers to remain at the facility during a child's swim lessons.
- I understand that registering reserves a spot in the swim lesson program. Because space is limited and instructors contracted, cancellations cannot be refunded.
- I understand that missed lessons cannot be made up, and refunds are not issued.
- I understand that I and/or my child may be photographed and/or filmed while participating in Gigglin' Marlin Swim programs and that the photographs or video images may appear in marketing or educational materials.
- I agree to assume all liability for my child/children while attending any program managed by Gigglin' Marlin Divers, Inc. for Gigglin' Marlin Swim. I further agree to hold harmless Gigglin' Marlin Organization or any of its officers, agents, employees or assigns for any complications or injury that may result to my child/children or to me while at the Gigglin' Marlin Divers, Inc.
- I understand that Gigglin' Marlin Swim reserves the right to cancel any program and to change fees where applicable.
- I agree to adhere to Gigglin' Marlin Swim pool rules, policies and procedures. I acknowledge that I have received a copy of the policy & procedures.

Print Name _____

Sign Name _____ Date _____

Name on Card: _____

CC#: _____

Exp.: _____ CCV: _____ Billing Zip: _____

REGISTRATION AUTO-RENEWAL

Member	
\$49 Annual Family Registration 1 st Year	\$25 Annual Family Registration 2 nd Year on
# of times / week _____	\$ _____
# of swim students _____	x _____
Total to be auto-debited each month	\$ _____

I authorize Gigglin' Marlin Dive & Swim to auto-debit my credit card for swim lessons. The transaction will be processed on the 20th of each month. If you choose to cancel swim lessons, you must let the Aquatics Director know by the 19th of the preceding month.

Name: _____ Date: _____

Signature _____