



Seascope Sports Club

Swim Lesson Registration Form

1505 Seascope Blvd Aptos, CA. 95003
 Phone (831) 688-1993 Fax: (831) 688-1966
www.SeahorseSwimSchool.com



Printed Parent / Guardian Name(s) _____ Date _____

Address _____ City _____ Zip Code _____

Phone # () _____ Cell/Emergency # () _____

Email _____

How did you hear of us? SSC Member Growing Up in Santa Cruz Web search Personal Referral _____
 Good Times Radio Station _____ Returning Client Other _____ (please specify)

CLASS REGISTRATION *(Indicate specific class choice(s) below)*

Season: **Winter** **Spring** **Summer** **Fall** **Other** _____
 Type of class: **Group** **Private/Semi-private** **Swimteam** **Custom Class** **Other** _____

Participants Name (First & Last)	Age	Class choice Specific Session/Days/Time				Fee(s)
		Session # <i>(ie. AM I, PM II, Sat A, B)</i>	Days of the week <i>(ie. M/W, T/Th, Sat)</i>	Level <i>(ie. Lvl 2, Pvt)</i>	Time of class <i>(ie. 2:30-3:00)</i>	

Does your child have any special needs? Yes No (Please explain on reverse) **TOTAL FEES** \$

SEASCOPE SPORTS CLUB SWIM PROGRAM FEES

TYPE	MEMBER	NON-MEMBER	RELEASE LIABILITY WAIVER
Group lessons Mon/Wed, Tu/Th 8 lessons	\$127	\$140	Permission to participate in the program sponsored by lead instructor Tiffany Harmon, is given for myself and/or child(ren). In consideration of participation in this program, I hereby indemnify and hold harmless and release Seahorse Swim School, Inc. Tiffany Harmon, its' agents, staff, and Seascope Sports Club from any and all liability for wrongful death or injury suffered by myself or my child(ren) arising from or connected with the program. I assume all risk for any injuries occurring during my swim lessons. PLEASE SIGN HERE: _____ DATE: _____ _____ <i>Signature accepts policies as listed on Swim Program Guide</i>
Group: Sat 4 lessons	\$66	\$73	
Private (1:1)	\$40	\$44	
Semi-private (2:1)	\$25/per student	\$28/per student	
Swimteam Tu/Th/Sat	\$100	\$110	
Late starts & Drop-in's (Group lessons & Swimteam)	\$20/class/student		

Drop in's and late starts welcome (\$20/class). Drop-in's confirmed poolside, space permitting.
 Create your own custom class with family or friends.
Call or e-mail Tiffany Harmon to express interest on late starts to programs 831-688-1993 x16

PAYMENT REQUIRED FOR COMPLETION OF REGISTRATION

Registration confirmed w/ client Registration added to Clinic Sheet Incomplete registration.

COMMENTS: _____

Payment information: Mail Via Fax (831) 688-1966 In-person (Recv'd by): _____ date _____

Check payable to: **Seascope Sports Club**
 Charge to Member's account: Member # _____

Credit Card: **M/C** Visa # _____ - _____ - _____ Exp. date: ____/____/____

Authorizing Signature: _____ **RECEIPT NUMBER:** _____