



Water Safety & Learn to Swim Registration Form

Thank you for choosing Trinidad and Tobago Holistic Aquatics Academy for your water safety and swimming classes! Our goals are to develop aquatic skills, teach water safety, and provide a safe, fun atmosphere to clients of all ages. Our staff are certified and experienced instructors, and we keep our instructor-to-client ratio low to provide the best learning environment for clients.

Please select the program level that applies to you *

Child 5-7 Child 8 and over Adult Beginners Adult Advanced Adult Masters

PARENT / GUARDIAN DETAILS (Applicable for Minors) *

First Name: _____ Surname: _____

Address: _____

Phone Number (Home): _____ Phone Number (Mobile): _____

Email: _____

CLIENT DETAILS *

	Full Name	Date of Birth (DD/MM/YYYY)	Age	Gender	Address	Telephone	Email Address
Client 1							
Client 2							
Client 3							
Client 4							

MEDICAL INFORMATION *

To be completed only for clients with medical conditions, including allergies. Please include all relevant applicable medical information.

	Full Name	Medical Condition (s)	Medication(s) Being Taken
Client 1			
Client 2			
Client 3			
Client 4			

EMERGENCY CONTACT(S) DETAILS *

Emergency Contact Name: _____ Relationship to client: _____ Phone Number: _____

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Additional Information

How did you hear about us? (please tick)

WEB Search	<input type="checkbox"/>	Daycare Advertisement	<input type="checkbox"/>	Previous Member	<input type="checkbox"/>
School Advertisement	<input type="checkbox"/>	Another Member	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Other (please specify):					

Client / Parent / Guardian Agreement

I promise and agree not to hold Trinidad and Tobago Holistic Aquatics Academy's Program, its employees and coaches liable against any claim or demands which might in the future be made by or on behalf of my said son/daughter or by myself for or in respect of any injury or loss sustained by him/her from any cause whatsoever, while he/she is taking part in the Academy's water safety and learn to swim Program. I permit staff members to obtain the services of an ambulance or doctor if needed and agree to pay all charges that occur.

I have read and understood the policies concerning the Program my child/children or myself are attending and agree to abide by and follow the policies listed below.

Please check the following to indicate your understanding and acknowledgement:

- I, agree to allow Holistic Aquatics Academy to use any photos obtained FOR ONLY Promotional purposes.
- I am aware that all participants (clients/parents/guardians) must wear appropriate swimwear when entering the swimming pool or water. T-Shirts, vests, denim, bike pants, and street clothing are examples of strictly prohibited swimwear.
- I understand the cancellation procedure: Notification of intent to cancel must be made in writing and sent via email or WhatsApp to the Administrators. I understand that there will be no refunds as Cancellations are on the onus of members.
- I am aware of and understand the makeup program procedure: I am to contact the Administrators before the session to inform them of non-attendance; I am aware that makeup sessions cannot be backdated and that all makeup sessions must be completed within the term, the original lesson was missed; I understand that makeup sessions are non-refundable and non-transferable and do not roll over from one term to the following term; I understand that makeup lessons are not guaranteed and will be treated on a case by case basis only.
- I understand that a supervising adult must remain in the pool area while the client (a minor) attends their session. I am aware that the child/children will not be permitted to attend their session unaccompanied by an adult or guardian
- I, the participant/parent/guardian, have read, understand and agree to the Terms and Conditions of Enrollment.

Client/Parent/Guardian Name (PRINT):			
Signature:		Date:	