



## Registration Form

### Admission Requirements:

- (1) Non-refundable registration fee of \$50.00
- (2) Completed and signed application form and a passport sized photo
- (3) Monthly fees are \$200.00 (4 sessions)
- (4) BAF Insurance fee \$25.00 annually

### SUPPLY LISTING:

Girls: Swim Cap, Goggles and One-Piece Swim Wear (ABSOLUTELY NO 2 Piece Swim Wear)

Boys: Swim Cap (optional), Swim Trunks and Goggles

Child's First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

School presently attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Likes, Dislikes and/or Special Interests: \_\_\_\_\_

**List any existing medical conditions, medication and/or special attention your child may require?**

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Problems: It is mandatory that the staff is informed of any medical problems or illness.**

**If a child is suffering from any serious illness they will not be allowed to swim.**

**Mother's First Name:** \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Father's First Name:** \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Email address: \_\_\_\_\_

Number of Siblings living with the child: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONSENT:** It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please state if you prefer Princess Margaret Hospital or Doctor's Hospital. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED TO BE TAKEN TO **PRINCESS MARGARET HOSPITAL** \_\_\_\_\_ or **DOCTOR'S HOSPITAL** \_\_\_\_\_ BY THE STAFF OF JAMBOREE KIDS/BABY SHARK AQUATICS WHEN I/WE CANNOT BE CONTACTED. I ALSO CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

**Parent Emergency Signature:** \_\_\_\_\_

This document is a requirement to the condition of the enrollment of your child into our swim program. Jamboree Kids & Baby Shark Aquatics has concluded therefore that as you have chosen our establishment for your child's swim experience, you are aware and are willing to abide by the rules and expectations under which the school operates. The registration of your child further represents a commitment to abide by the disciplinary procedures.

I, \_\_\_\_\_ (Parent or Guardian's name) give permission to photograph my child, to display on Jamboree Kids Website and in school brochures.

**Parent Authorization Signature:** \_\_\_\_\_

You hereby understand that: SWIM fees are non-refundable and non-transferrable. Credit will not be given for sick days, vacation days, holidays, camp uniforms, breakfast fees, lunch fees, nor the withdrawal of your child from the Swim Program. Fees must be paid in advance. Your signature indicates that you understand your responsibility (whether your child is sick or absent from school). Your signature indicates that you will not hold Jamboree Kids or Baby Shark Aquatics responsible for any injuries, sickness, or medical expenses incurred during your child's enrollment in our swim program.

**PLEASE NOTE: Sick children are not allowed on premises.**

Your signature indicates your compliance to observe **Covid-19** social distancing protocols. Failure to do so will result in removal from the program. Any fees paid will be forfeited upon removal from the program. These rules must be adhered to by students and parents alike. Your signature indicates that you will not hold Jamboree Kids or Baby Shark Aquatics responsible should your child contracting **Covid-19** during your child's enrollment in our summer program.

I hereby acknowledge that the information set forth in this Registration Form is true and correct. I agree to the contents herein and to abide by the policies of Jamboree Kids and Baby Shark Aquatics.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_