

Aqua Fusion Academy Registration Form



Participant's Name: _____

Date of Birth: _____

Age: _____

Parent/Guardian Name (if applicable): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

Class Information

Preferred Class Type (Select one):

- ☐ Private Lessons
- ☐ Group Lessons
- ☐ Rent a Lifeguard
- ☐ Rent a Photographer/Videographer

Preferred Session Day(s):

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Preferred Time Slot:

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

For Group Classes:

Number of Siblings Attending (if applicable): _____

Health and Safety Information:

Does the participant have any allergies or medical conditions that we should be aware of?

☐ Yes ☐ No

If yes, please explain: _____

Does the participant have previous swimming experience?

☐ Yes ☐ No

If yes, please describe the participant's skill level:

Terms & Conditions

- I understand that payment must be made in full before the start of the session.
- I agree to the terms and conditions of Aqua Fusion Academy and will comply with safety policies.
- I understand that Aqua Fusion Academy provides all necessary equipment for classes.

Signature of Participant (or Legal Guardian): _____

Date: _____