

# Aqua Tots Westchester

For the: \_\_\_\_\_ Family  
(Please print students LAST name)

## Consent

As the parent or legal guardian of the child / children named in this registration form I hereby give my full consent and approval for my child & myself to participate, as students, in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, and I am willing to assume those risks for myself & on behalf of my child / children. I hereby certify that my children and I are fully capable of participating in the designated sport and that we are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for our participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by myself or my child / children in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Aqua Tots Westchester

(Name of Sponsoring Organization)

Swimming

(Designated Sport)

***Photography*** - A.T.W reserves the right to photograph/record the children for display or use on our web site & in our newsletter

***Refunds*** - A.T.W does NOT offer refunds for missed classes, nor do we offer refunds for drop-outs. Be sure to read ALL of our policies carefully BEFORE you register for one of our programs. They can be found online [www.aquatots123.com](http://www.aquatots123.com).

**PLEASE PRINT INFORMATION CLEARLY, THANK YOU!**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_, \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
PRINT NAME

PLEASE NOTE THIS IS A TWO PAGE FORM  
2<sup>ND</sup> PAGE FOR STUDENT INFORMATION- THANK YOU ☺

**I have read & agree to all the policies of Aqua Tots (found on the A.T.W website)**  
(initial here)

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Notes: (once enrolled in a class please also enter this information via the parent portal)  
(Parents: you are required to list any services that your child may be receiving such as PT, OT, Speech, etc.)  
Please also list any attention or processing disorders that your child may have or any other learning complication so we can effectively teach them, thank you.

---

---

---

---

---

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Notes: (once enrolled in a class please also enter this information via the parent portal)  
(Parents: you are required to list any services that your child may be receiving such as PT, OT, Speech, etc.)  
Please also list any attention or processing disorders that your child may have or any other learning complication so we can effectively teach them, thank you.

---

---

---

---

---

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Notes: (once enrolled in a class please also enter this information via the parent portal)  
(Parents: you are required to list any services that your child may be receiving such as PT, OT, Speech, etc.)  
Please also list any attention or processing disorders that your child may have or any other learning complication so we can effectively teach them, thank you.

---

---

---

---