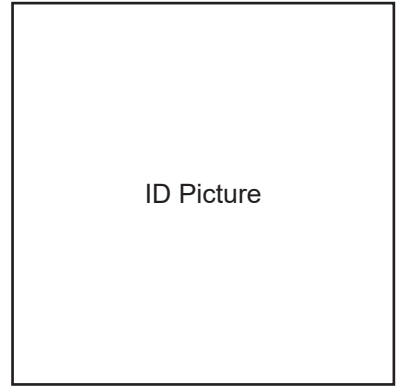


STUDENT INFORMATION SHEET



DATE: _____

STUDENT NAME: _____

NICKNAME: _____ AGE: _____ BIRTHDAY: _____

CONTACT NUMBERS : (Home) _____ (Mobile) _____

ADDRESS: _____

_____ E-MAIL: _____

EMERGENCY CONTACT: Name: _____ Phone: _____ Relation to Student: _____

HOW DID YOU LEARN ABOUT AQUALOGIC SWIM CO.? (Please)

- NEWSPAPER / MAGAZINE (Name of publication?) _____
- INTERNET / TV (Website? / Show?) _____
- WORD OF MOUTH (Person who referred you?) _____
- OTHERS (Please describe) _____

WHICH PROGRAM ARE YOU SIGNING UP FOR (Please)

- AquaBabes (6-12 mos old) AquaBabes (13-24 mos) AquaBabes (25-35 mos)
- AquaTots (2.5-3 yrs old) - Graduate of AquaBabes or 1st time to take lessons (3 yrs old)
- AquaPALS (People with Autism Learning to Swim - 3 years old & up, 1 on 1 instruction)
- AquaKids Level 1 (4-6 years old)
 - Child's first time to take swim lessons and is fearful to put face underwater
 - Child does not like to separate from parent/guardian
- AquaKids Level 2 (4-6 years old)
 - Child willingly enters the pool and move along confidently in shallow water
 - Beginner but has NO FEAR of putting head underwater and blow bubbles
- AquaKids Level 3 (4-6 years old)
 - Can jump in, swim short distances, bob head up for breath or roll over on back
 - Do not know swim strokes
- AquaKids 4 (4-6 years old)
 - Knowledgeable in Elementary Backstroke or Freestyle
- AquaKids 5 (7-12 years old)
 - Needs to build confidence in the water and no knowledge of swim strokes
- AquaKids 6 (7-12 years old)
 - Knowledgeable in at least 2 Swim Strokes (Freestyle, Backstroke or Breaststroke)
- AquaKids 7 (7-12 years old)
 - Knowledgeable in at least 3 swim strokes (Freestyle, Backstroke, Breaststroke)
- AquaTech (13 years old & up)
 - Adults of any age or skill level learning to swim using the Total Immersion Method.

SCHEDULE (Please indicate)

Frequency of Class: 3x a week 2x a week once a week

Venue: _____ Day and Time: _____

LIABILITY WAIVER

I, the undersigned, as the parent or legal guardian of the child/ward listed on this application, hereby represent and warrant that the above named participant is physically fit to take part in the Aqualogic Swim Co. (ASC) swim program, and have no known illness, physical defect, or adverse medical condition that would render my child/ward unfit to participate in the ASC swim program and that a licensed physician has certified to the fitness of the participant. Should I subsequently discover any illness, or physical defect, or adverse medical condition that would render my child unfit to participate in the ASC swim program, I shall immediately advise any of the ASC instructors or assistants and shall accordingly withdraw them from the ASC swim program.

I am aware and accept that all participants enter the ASC swim program at their own risk. I agree to abide by the decision of the ASC Management on any issue relative to the participation of my child(ren)/ward(s) in the ASC swim program including, but not limited to slips and falls, cuts, bruises, dehydration, effects of weather, including heat stroke, and other factors that are related to swimming. Accordingly, on behalf of myself, my children, my family, my heirs, executors and assigns, I hereby hold ASC and (Venue) their respective stockholders, directors, officers, employees, and agents free and harmless and shall not hold them responsible, for any illness, injury, death, damage or loss my child(ren)/ward(s) may sustain during or as a consequence of the participation of my child(ren)/ward(s) in the ASC swim program.

PHOTO / VIDEO RELEASE

I also understand that photos and videos are occasionally taken during the ASC swim program and that any photo or video taken of my child (/ward may be used for publicity purposes. I hereby agree to the use by ASC, their subsidiaries or assigns, of an photo and/or video of my child /ward without payment, for ASC's use in its training videos or promotional materials and, in connection therewith I, on behalf of myself, my children, my family, my heirs, executors and assigns do hereby release ASC, and (Venue) their respective stockholders, directors, officers, employees, and agents from any and all claims or charges arising in connection with the use of any photo and/or video of my child (ward, in whole or in part, in whatever manner ASC determines as part of the production of such video or promotional materials produced in connection therewith.

I declare that I understand the conditions of the activity I have entered, will abide by its guidelines, rules and regulations (terms and conditions) and that all above details are true and correct.

In witness whereof, I have here unto set my hand this _____ day of _____ 20 ____.

Student's Signature _____
(Parent's Printed Name & Signature for minors 17 yrs old & below)