



Swim Like A Fish, LLC

6250 Tuttle Place, Suite 4 • Anchorage, AK 99507

Phone (907) 563-3473 • Fax (907) 563-1771

Website: SwimLikeAFishLLC.com

Swimmer Sign-Up Form

Students Name: _____ Date of Birth: _____

Parents/Guardians Name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email(s): _____

Please note any student health issues we should be aware of: _____

LESSON RATES

Rates	Private Class	Group Class
Per Lesson	\$40	\$20
4 Lessons	\$160	\$80

All lessons are 30 minutes. Sign up any time of the month on an individual basis. Up to four students in a group class. Visa/MasterCard accepted. Sibling discount of \$5 per lesson. We sell a minimum of four lessons. Twenty four (24) hours are required to cancel lessons. No refunds.

Swim Like A Fish LLC Release of Liability

I the undersigned, hereby agree to abide by the rules and regulations given by Swim Like A Fish LLC. I further agree to accept complete responsibility in matters of physical injury, loss, or damage that may result from such participation in swim lessons. I further agree to hold harmless Swim Like A Fish LLC, management, directors, agents and employees against liability resulting from any injury that may occur to student and to also hold harmless Swim Like A Fish LLC for any damages incurred arising from any claims, demand, action or cause of action by student. In case of emergency I authorize Swim Like A Fish LLC to call for or direct medical treatment on behalf of the above student. I understand that the purpose and objective of Swim Like A Fish LLC swim program is based on teaching personal safety in and around the water, water adjustment, stroke development, water games and the general enjoyment of aquatic activities.

Signature of Parent/Guardian/Student: _____ Date: _____

Photos and Videos

Photos or videos may be taken by Swim Like A Fish LLC of my child(ren) or myself and may be used for promotional and marketing purposes.

I agree.

I do not agree.

*****Parents/Grandparents/Guardians/Caregivers are to remain on the premises while your child's lesson is in session.

Amount Paid \$ _____ Type of Payment: _____ Today's Date: _____ Number of Lessons: _____