



ZODIAC SWIM SCHOOL REGISTRATION REQUEST FORM

Head Office - 160 Steeprock Drive, Toronto, ON M3J 2T4

(Phone) 416 789-1989 (Fax) 416 789-5525 (E-mail) info@zodiacswim.on.ca (Website) www.zodiacswim.on.ca

Enrollment will not be completed without signature by parent(s)/guardian(s) of the AUTHORIZATION, RELEASE & ACKNOWLEDGEMENT on the reverse side of this form which contains important (and some new) policies and information

Family ID#

MUST COMPLETE

For Office Use Only:		Initial
Registration Form Rec'd:		
Date Fall Entered:		
Date Winter Entered:		
Date Spring Entered:		
Date Summer Entered:		

Family Name: _____ Home Phone: _____ E-Mail: _____

Family Address: _____ City: _____ Postal Code: _____

Parent/Guardian #1 Name: _____ Work Number: _____ Cell Number: _____

Parent/Guardian #2 Name: _____ Work Number: _____ Cell Number: _____

Secondary Contact in case of emergency: _____ Phone Number: _____

How did you hear about Zodiac? Ad where? _____ Word of mouth who? _____

STUDENT #1	Session	Location	*Level/Course	Day(s)	Time (1st Choice)	Time (2nd Choice)	Fee	Discounts* (Please Check Box)					Net Amount	Charges
								Rookie	Camper	TFS/HAV	Sibling	Multi		
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Fall '10													100% due now
Birth Date: dd / mm / yy	<input type="checkbox"/> Winter '11													<input type="checkbox"/> Bill me now
Health Card:	<input type="checkbox"/> Spring '11													<input type="checkbox"/> Deposit only
Current School:	<input type="checkbox"/> Summer '11													<input type="checkbox"/> Bill me now
First Time Zodiac Student? <input type="checkbox"/> Yes <input type="checkbox"/> No														<input type="checkbox"/> Deposit only
Last Session Attended Zodiac? _____														N/A
Special Requests (ie. instructor/friend)	Are there any special needs and/or medical issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly Describe: _____ If yes, you are also required to complete the Special Needs/Medical Form and submit with this registration request form.													

STUDENT #2	Session	Location	*Level/Course	Day(s)	Time (1st Choice)	Time (2nd Choice)	Fee	Discounts* (Please Check Box)					Net Amount	Charges
								Rookie	Camper	TFS/HAV	Sibling	Multi		
Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Fall '10													100% due now
Birth Date: dd / mm / yy	<input type="checkbox"/> Winter '11													<input type="checkbox"/> Bill me now
Health Card:	<input type="checkbox"/> Spring '11													<input type="checkbox"/> Deposit only
Current School:	<input type="checkbox"/> Summer '11													<input type="checkbox"/> Bill me now
First Time Zodiac Student? <input type="checkbox"/> Yes <input type="checkbox"/> No														<input type="checkbox"/> Deposit only
Last Session Attended Zodiac? _____														N/A
Special Requests (ie. instructor/friend)	Are there any special needs and/or medical issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly Describe: _____ If yes, you are also required to complete the Special Needs/Medical Form and submit with this registration request form.													

PAYMENT OPTIONS (please check): VISA MASTERCARD CHEQUE CASH

VISA/MC NUMBER: _____ EXPIRY DATE: _____ V-CODE: _____

NAME ON CARD: _____ SIGNATURE OF CARDHOLDER _____

ZODIAC AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

The undersigned:

Medical Treatment / Emergency

(a) authorize(s) Zodiac Swim School Limited or a company/individual associated with Zodiac ("Zodiac"), in the event of an emergency, to use its reasonable discretion, on behalf of the undersigned, the undersigned's child(ren) or associated spectator(s) participating in or attending at one or more of Zodiac's current or future programs, in rendering first aid treatment and/or arranging for emergency medical care (including hospitalization), at the expense of the undersigned;

Release

(b) release(s) Zodiac, its affiliates, associates, directors, officers, agents and employees from all claims and liabilities whatsoever arising from participation in or attendance at one or more of Zodiac's current or future programs by the undersigned, the undersigned's child(ren) or any associated spectator(s);

Missed Lesson Policy

(c) NO MAKE-UP LESSON OR OTHER FINANCIAL CREDIT/REFUND WILL BE AVAILABLE in connection with a missed lesson (other than, of course, if cancellation of the lesson is initiated by Zodiac, eg. pool fouling);

Refunds/Credits

(d) acknowledge(s) that either a monetary refund or a credit towards a session of lessons for Zodiac swim programs in the next twelve (12) months (following withdrawal) will be available should a student withdraw before the date of the third lesson of the current session. On or after the date of the third lesson of the current session, a credit towards lessons in the next (12) months (but no monetary refund) will be available should a student withdraw. The amount of the monetary refund or credit, as applicable, for each student will be equal to the paid registration fee less a pro-rated portion of the registration fee (for lessons taken, used or elapsed prior to receipt of **written notice** of withdrawal, as applicable, including any lesson scheduled to occur less than 24 hours from receipt of notice of withdrawal) and a per student per course administration fee of \$25.00 if cancellation occurs more than 2 weeks prior to the start date and \$40.00 if cancellation occurs within 2 weeks of the start date and/or during the course of the session. If cancellation is by Zodiac due to insufficient registration or any other reason, a full refund (without any deduction) will be issued unless another mutually acceptable alternative can be found. All requests for monetary refunds or credits must be made in writing;

Discounts

(e) acknowledge(s) no discounts apply to registration in the following programs/courses: 1. Adult Swim 2. Leadership 3. Recertifications;

Class Changes

(f) acknowledge(s) that a change fee of \$15.00 per student per change will apply if a change is made by the parent/guardian more than 2 weeks before the start date and \$25.00 per student per change if the change occurs within 2 weeks of the start date and/or during the session. Change requests must be given by **written request**. There is no guarantee that a requested change can be accommodated;

Publicity

(g) consent(s) to the use by Zodiac of each student's likeness for publicity purposes;

Zodiac Policies

(h) acknowledge(s) that he/she has read, understands and accepts all of Zodiac's policies and information as outlined on our website www.zodiacswim.on.ca, including the following:

- (1) that all swimmers must wear a bathing cap while swimming at Toronto French School and Havergal;
- (2) the policies regarding use of cell phones, cameras and video cameras on the pool deck and in the changerooms;
- (3) the rule/health regulation that no food, drink or street shoes are allowed on the pool deck;
- (4) the policy that no phone registration will be accepted. All registration must be done by e-mail, fax or in person. A complete form, together with necessary payment, are necessary for registration;
- (5) the policy that in the event of non-payment of an outstanding balance owing for a specific session in question, the initial deposit will not be refunded and the reserved space no longer held; and
- (6) the policy related to "family change rooms", including that Zodiac will not be responsible for supervising such change rooms and that clients are expected to comply with age/gender restrictions in the use of such change rooms.

SPECIAL NEEDS/MEDICAL FORM

(i) acknowledge(s) that if my child has a special need and/or medical condition, a Special Need/Medical Condition Form will be completed and submitted before the session starts to ensure that Zodiac and its staff are best equipped to meet the needs of such student;

NSF Cheques/Declined Visa/Mastercard

- (j) acknowledge(s) that a cheque returned due to non-sufficient funds must be replaced immediately with cash or certified cheque or credit card payment covering any amount owing, together with an additional administrative charge of \$35.00.
- (k) acknowledge(s) that an invalid or declined VISA/MASTERCARD payment for any reason, including insufficient funds, expiration or lost/stolen card must immediately be replaced by providing Zodiac with the full amount owing, together with an additional administrative charge of \$5.00;

Class/Program Cancellation

(l) acknowledge(s) that while Zodiac tries to balance providing sufficient notice of cancellation and not cancelling a class/program prematurely, Zodiac reserves the right to cancel any class at any time, in which case a full refund will be issued for any payment previously made;

Fire Alarm Procedure

- (m) acknowledge(s) that in the event the fire alarm is sounded, I/we must immediately exit the facility;
- (n) acknowledge(s) that in the event a member of my party is responsible for pulling the fire alarm without cause, I/we will be responsible for any charges incurred as a result of the incident;

Termination of participant

(o) acknowledge(s) that the Directors of Zodiac Swim School reserve the right to terminate the registration of any participant(s) if, in their sole discretion, the Directors determine such termination to be in the best interest of the participant or program;

Information

(p) the information contained in this registration form is true and correct.

If this form is signed by two parents/guardians, such parents/guardians assume full responsibility for payment and acknowledge that they have read and understood all Zodiac policies and Zodiac can rely on all representations made and information given. If only one parent/guardian signs this form, Zodiac may fully rely on his/her authority in connection with all such matters.

Print Name of Student #1

Print Name of Student #2

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date