



# AQUA ESSENCE SWIM ACADEMY LTD.

Phone: 294.7078

Address: 314 Laidlaw Blvd.

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Winnipeg, Manitoba R3P 0K5

### MUST COMPLETE

Please submit an email address that will be checked on evenings and weekends as well as regular working hours

For Office Use Only:		Initial
Registration Form Rec'd:		
Full Payment	YES NO	
Deposit	YES NO	
Policies Read?	YES NO	



Visit us online at: [AQUAESSENCE.CA](http://AQUAESSENCE.CA)

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 Aqua Essence  Ad Where? \_\_\_\_\_  Word of mouth who? \_\_\_\_\_

STUDENT#1	Location	Level/Course	Day(s)	Time (1st Choice)	Time (2nd Choice)	Fee	Office Use Only		
							Credit/gift Certificate	Net Amount	
Name: <input type="checkbox"/> M <input type="checkbox"/> F									
Birth Date:									
First Time Aqua Essence Student? Yes / No									
Last Session Attended _____									
Special Requests (ie. instructor/friend)	Are there any special needs and/or medical issues we should be aware of? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefly Describe: _____								
	If yes, you will be required to fill out an additional information form prior to the first class.								

STUDENT#2	Location	Level/Course	Day(s)	Time (1st Choice)	Time (2nd Choice)	Fee	Office Use Only		
							Credit/gift Certificate	Net Amount	
Name: <input type="checkbox"/> M <input type="checkbox"/> F									
Birth Date:									
First Time Aqua Essence Student? Yes / No									
Last Session Attended _____									
Special Requests (ie. instructor/friend)	Are there any special needs and/or medical issues we should be aware of? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefly Describe: _____								
	If yes, you will be required to fill out an additional information form prior to the first class.								

### AQUA ESSENCE POLICIES

\* Days and pools may change due to unforeseeable circumstances.

\* We do our best to ensure minimal instructor absences from our classes. In a situation where a substitute may not be found we reserve the right for your safety to cancel this class. We will make all attempts to reschedule a missed class that occurred as a result of our absence.

\* Before signing this registration form please check the box below indicating that you have read over the absent and no make-up class policies attached in the program information brochure. **We do not make-up classes for the student's absences.**

\* We require a \$50.00 holding fee (non-refundable) that will confirm your decision to swim with Aqua Essence for the 2009-10 swimming year. This initial fee must be paid by July 17, 2009.

\* We accept postdated cheques at time of registration. Please make cheques payable to Aqua Essence.

Yes I have read the policies. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Total Family Owing (Student 1 + Student 2)	Deposit (\$50 per student)	Balance
		Pay \$ _____
		Pay \$ _____
		TOTAL _____