



# Premiere Aquatic Services, Inc. Registration Form



Please complete this registration and send it, along with the total payment due, to the mailing address identified on the bottom of the form.

Participant Information			
Name of Participant (first)		(last)	
Address		City	Zip Code
Phone	Email	Emergency Contact Information	
		Name:	
		Phone:	
If the participant is under the age of 18, then please print parent's name below:			
Course Information			
Course Code	Session # (if applicable)	Date(s) of Session	Fee
Total Payment Due: (Make checks payable to Premiere Aquatic Services, Inc.)			Notes:
I agree to PAY IN FULL at time of registration. _____ (initial)			____ Coldspring
Select from the following Course Codes:			
LM: Lifeguard Management	PASS: Premiere Aquatic Services Swim Program		
AED: AED/CPR	PC: Parent Child	L2: Level 2	ST: Pre-Swim Team
LG: Lifeguarding	FS: Fundamentals of Swimming	L3: Level 3	
SLT: Service Learning Training	L1: Level 1	TR: Transition Level (level4)	SC: Stroke Clinic

### Medical Release

I give my child/self \_\_\_\_\_ permission to participate in the course(s) identified above. I agree to not hold Premiere Aquatic Services, Inc., or any of its agents responsible for any injury or illness that may occur to my child/self before, during or after participation in the course(s) identified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature indicates that I accept the responsibility for completion of all payments and fees and understand that certifications are only received when payment is in FULL. All payments and fees are NON-REFUNDABLE. (Parent's signature required for all participants under the age of 18.)

We appreciate your business!