

# BAY RIDGE AQUATICS INSTITUTE, INC (BRAINS)

HARBOR SEALS SUMMER SWIM CAMP REGISTRATION FORM

2011

\_\_\_\_\_  
Name (M/F)\_\_\_\_\_

\_\_\_\_\_  
Address

**Parent's Information:** \_\_\_\_\_ Date of Birth

\_\_\_\_\_  
Name (please indicate Mr. or Ms.)

\_\_\_\_\_  
Address (if different than above)

\_\_\_\_\_  
Phone numbers (home, business, cell, beeper) / Email address

\_\_\_\_\_  
Emergency contact

**Please note:**

**The FHHS pool is a competition pool, not a bathing pool – water temperature is cool.**

**BRAINS does not offer refunds for variations in temperature or condition of the water or facility.** Maintenance of the FHHS pool facility is performed by a private company under contract with the NYC Department of Education and is not, in any way, under the control of the Bay Ridge Aquatics Institute, Inc.

**Cancellations: No refunds after June 1, 2011.** Since our instructors, security and permit fees must be paid whether classes are attended or not, **BRAINS will not offer make-up classes, credits or refunds for any classes you may miss for personal reasons.** In the event that we must cancel a class we will, at our option, either schedule a make-up or offer a refund or credit for the number of classes canceled. If major illness or serious complications make it impossible for your child to attend classes we will make every effort to fill the remaining classes with another child *if you provide us with a written release to sell your child's slot.* Should such circumstances arise **and** we fill the vacated slot (*though we assume no obligation to do so*), we will consider your request for a refund based on the number of classes assumed by another child. If you are seeking such consideration you must submit this request ***in writing*** along with doctor's notes and/or any other proof needed. **All refunds are subject to a \$25 processing fee.**

**Transfers:** Any transfer requests not initiated by us **must be accompanied by payment of a \$15 transfer fee.**

.....  
I have read the above notices and agree to the terms of BRAINS' cancellation policy.

I certify that I am the parent or legal guardian of the above named child and wish to enter the child in the BRAINS Learn to Swim Program. I know of no health or medical reason why my child should not be able to participate in this program. I have listed any special medical or health concerns about my child on the opposite side of this page.

**(Please check here if listing special concerns on back)** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Legal Guardian's Signature**

\_\_\_\_\_  
Date

*Please circle desired session:*

Session A    Weekdays 9:00AM –10:30AM\*    Tuesday, July 5<sup>th</sup> to Thursday, July 28<sup>th</sup>

Session B    Weekdays 10:30AM–12 Noon\*    Tuesday, July 5<sup>th</sup> to Thursday, July 28<sup>th</sup>

9-day mini camp C    Weekdays 9AM–10:30AM\*    Monday, Aug 1<sup>st</sup> to Thursday, Aug 11<sup>th</sup>

9-day mini camp D    Weekdays 10:30AM - Noon\*    Monday, Aug 1<sup>st</sup> to Thursday, Aug 11<sup>th</sup>