

The Bay Ridge Aquatics Institute (BRAINS) Summer High School Early Bird Swim

Name _____ Phone(h) _____ (c) _____

Address _____ Date of Birth _____

School currently attending: _____ Grade: _____ On School Swim Team? (Y/N) _____

Best Event and time: _____ Date of last meet: _____

USA Swimming / CYO Member? (if yes, indicate which one): _____ Team Name: _____

Mother's name: _____ Phone (day) _____ (eve) _____

Father's name: _____ Phone(day) _____ (eve) _____

Additional contact #'s _____

Parent's email _____

Please admit me to participate in the BRAINS High School Level Early Bird Program. **My participation is conditioned upon my work ethic, cooperation and exemplary behavior when interacting with other swimmers, parents and coaches and my ability to effectively participate in a vigorous high school level practice program.**

Applicant's

Signature _____ Date _____

Please note: 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 the school's custodial staff and is not, in any way, under the control of the Bay Ridge Aquatics Institute, Inc..

Special COVID Rules: While the current COVID rules for DOE facilities remain in effect, ONLY *registered, vaccinated participants* showing the required health screening to the School Safety Agent on duty will be allowed to enter the building. NO spectators will be allowed to enter.

Cancellations: No refunds after June 1, 2022. 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. All returned checks are subject to a \$35 fee.**

PARENT OR LEGAL GUARDIAN MUST READ AND SIGN BELOW:

I have read all of the above and agree to the terms as written.

I hereby give my consent for my child to participate in the BRAINS high school level summer swim program. I certify that my child is in good health and able to participate in rigorous workout sessions. If my child has any health condition that could affect his or her ability to participate in this program I have checked here _____ and given an explanation on the reverse side of this form.

Parent/Guardian Signature: _____ Date _____

Office Use Only: The above applicant is capable of participating in this high school level workout program and

has been approved to register by instructor: _____

Proof of vaccination confirmed by BRAINS: _____