BAY RIDGE AQUATICS INSTITUTE, INC (BRAINS) 2026

BRAINS SUMMER SWIM CLINIC REGISTRATION FORM

Student's Information

_____(M/F)_____

Name (Gender)

_____

Address

_____ _____

Parent's Information: **Child's Date of Birth** **Team Affiliation**

_____

Name (please indicate Mr. or Ms.)

_____

Address (if different than above)

_____

Phone numbers (home, business) 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 the school's custodial staff and is not, in any way, under the control of the Bay Ridge Aquatics Institute, Inc.

If you leave your child at the pool be sure to be back to pick them up 15 minutes before the end of the session. We do not have staff available to supervise your child after class ends.

Cancellations: No refunds after June 1, 2026. 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 $35 processing fee. All returned checks are subject to a $35 fee.**

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

I certify that I am the parent or legal guardian of the above named child and wish to enter my 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.**

I have read and agree to the above terms and notices. (Check here __ if listing special concerns on back.)

_____

*****Parent or Legal Guardian's SIGNATURE** *** Date

Please circle desired session:

July 6th to July 17th **Session A1** (Weekdays 8:55–10:15AM) OR **Session A2** (Weekdays 10:15 –11:35AM)

July 20 st to Jul 31st **Session B1** (Weekdays 8:55–10:15AM) OR **Session B2** (Weekdays 10:15 –11:35AM)