

**Assured Aquatics**  
**Private In-Home Lessons Registration Form**  
Mailing address: 182 W. Magnolia Street, Clermont, FL 34715  
352-432-1863 [assuredaquatics@yahoo.com](mailto:assuredaquatics@yahoo.com)

Instructions: Please print legibly in blue or black ink. Completed form may be mailed with pool consent/payment OR may be emailed with pool consent. Payment is expected at first class period.  
**\*\*Registration is not considered confirmed until you have received a confirmation email and invoice. All registrations are accommodated on a first-come, first-served basis.\*\***

*Student Name:*

*(Last)* \_\_\_\_\_ *(First)* \_\_\_\_\_

*Student Age & Birthdate:*

\_\_\_\_\_ *(months/years)*      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please describe any health concerns, medical diagnoses, learning disabilities, or special needs of student.**

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*Parent Name (if student is a minor):*

*(Last)* \_\_\_\_\_ *(First)* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Phone: (home)* \_\_\_\_\_ *(cell)* \_\_\_\_\_

*Address (Home):*

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*Address (Pool site, if different from home):*

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*Pool site is*  Student's Home Pool     Community Pool     Friend/Family Member Home Pool

**\*\*\*Pool Owner Consent Form MUST be completed and submitted before lessons may be confirmed.\*\*\***

*Lesson Type:*  Infant/Toddler (15 minute)     Child (30 minute)     Teen/Adult (1 hour)

*Lesson Frequency:*  One day/week     Three days/week

*Day(s) of Week requested:*  Monday     Wednesday     Thursday     Friday

*Time requested:*     9am     9:30am     10am     10:30am     11am     11:30am

2pm     2:30pm     3pm     3:30pm     4pm     4:30pm     5pm

5:30pm

*Beginning lesson date requested:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Number of weeks requested:* \_\_\_\_\_

**Please initial the following:**

- I have read and agree to abide by the policies of Assured Aquatics, found on the website. \_\_\_\_\_
- I understand that my registration is subject to final approval by Becky James, and that I will be personally contacted upon acceptance into the Assured Aquatics program. \_\_\_\_\_
- I understand that I will receive an invoice from Assured Aquatics via email, and that the balance for each week of lessons is required in full on the first day of swim lessons for that week. \_\_\_\_\_