Program Policies and Fees Acknowledgment

By signing below, I acknowledge that:

- I received or was provided access to the current Seabass Aquatics Program Policies and Fees.
- I have read and understand the policies, including registration, tuition, billing, cancellations, missed lessons, health and sanitation, participant supervision, pool safety, and applicable fees.
- I had the opportunity to ask questions before signing.
- I agree to follow these policies and accept responsibility for all applicable charges.
- If I am signing for a participant under 18 years of age, I confirm that I am the participant's parent or legal guardian and have authority to enter into this agreement on the participant's behalf.

□ I have read and agree to the Seabass Aquatics Program Policies and Fees.

Participant's Full Name: _____

Parent/Legal Guardian's Full Name, if applicable: _____

Relationship to Participant: _____

Signature: _____

Date: _____