

# Ackermann's Swim Program

## 2020 Enrollment Application

314-821-1070

Web Site: [www.aspkirkwood.com](http://www.aspkirkwood.com)  
e-Mail: [aspkirkwood@icloud.com](mailto:aspkirkwood@icloud.com)

*Dedicated to the development and growth of children since 1943*

t-Shirt Size  
Youth: right size below  
YS 6-8 YM 10-12 YL 14-16  
Adult: Ad-sm or Ad-med

Family Last Name ↑ (alternate last name) ↑ Home Phone #

Address

City State Extended Zip

Mother's name cell # work #

Father's name cell # work #

Family e-mail:

Other Contact Name: Phone #: cell #

Doctors Name Office # Exchange #

Dentist Name Office # Exchange #

**Pricing varies due to dates & demand** 5 day sessions - No Visiting Day! • \*\*Visiting Day\*\* for other sessions (last day of session-no regular camp)  
\*\*Holidays No Camp: Memorial Day May 25th • Open House 3:00-5:00 May 15th

AGES 4-11 (by 1st day of session)	Names	Choice 1st, 2nd, 3rd
Ses 1 & 2 Canceled		
Ses 3 10 days - \$535 all levels +wk  June 8- 19**	( )	Ses 3
Ses 4 10 days - \$500 all levels +wk  June 22- July 3**	( )	Ses 4
Ses 5 10 days - \$500 all levels +wk  July 6- 17**	( )	Ses 5
Ses 6 10 days - \$500 all levels +wk  July 20 - 31**	( )	Ses 6
Ses 7 5 days - \$ 270 all levels  Aug 3 - 7*	( )	Ses 7
Ses 8 5 days - \$ 270 all levels  Aug 10 - 14*	( )	Ses 8

More than one session put "1" in each box. • Must make alternate choice put 1st, 2nd 3rd

**Star Fish Only**  
For past campers only, ages 7-11

Ses 2 wk 1 \$210 Star Fish Only

Ses 3 wk 1 \$245 Star Fish Only

Ses 4 wk 1 \$235 Star Fish Only

ses 5 wk 1 \$235 Star Fish Only

Ses 6 wk 1 \$235 Star Fish Only

Ses 7 all levels of swimming including new kids

No Visiting Day session 7

All children must be able to stand with chin above a water depth of 30" and must be 4 by the first day of session enrolled

Child's Name	AGE	DOB	t-Shirt size
Child 1	-	-	-
Child 2	-	-	-
Child 3	-	-	-

School Attended: \_\_\_\_\_

To enroll with a friend list: (last names & addresses):  
Mail separate applications together.

**SPECIAL NEEDS:** Please attach a list with your Child's name and any medical, learning and/or behavioral conditions that we should be aware of. Please send printed information sheet and picture with application. **Acceptance is at the discretion of the program** and its agents and employees. Consideration is base on numerous factors which relate to the safety of such child and all children participating in the program. **First day Must** send any necessary medical supplies with printed instructions, if accepted **or you will not be admitted!**

Enrollment Application must be **mailed** with deposit! (e-Mailed or Faxed applications **NOT** accepted!)  
Include: **\$200 deposit** (part of total cost) or **full payment** with application for each child & each session enrolling.

- Deposit of \$\_\_\_\_\_ for \_\_\_\_ # children for total of \_\_\_\_ # session(s).
- Full payment of \$\_\_\_\_\_ for \_\_\_\_ # children for total of \_\_\_\_ # session(s).

**Cancellations:** Return "Yellow" acceptance card by May 1st. for partial deposit & balance due refund.

Check # \_\_\_\_\_ \* **Balance is due on receipt of "Yellow Acceptance Card" to hold your place.**  
For delayed or partial payments contact Ackermann's Swim Program via e-Mail at: [aspkirkwood@icloud.com](mailto:aspkirkwood@icloud.com)

check one

Parents/Guardian - must sign below for acceptance. I give permission for my children's pictures to be used in ASP advertising. No names used!  Yes  No

(Print) Mother's Name date (Print) Father's Name date

(Mother's Signature) date (Father's Signature) date

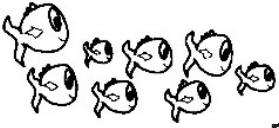
We heard about your camp from: \_\_\_ We are a past family \_\_\_ Friend \_\_\_ Parent attended \_\_\_ Internet search \_\_\_ YEP.com \_\_\_  
Summer Camp Fairs \_\_\_ other \_\_\_

Please allow up to 3 weeks to receive conformation card!  
No make-up for days absent, holidays or bad weather. We are always open during camp hours! Check your school & vacation schedules before enrolling!

**Notice:** You must submit the signed **Liability Waiver & Medical Release with application**  
Any child with **Special Needs** must include a medical form before your child will be accepted into Ackermann's Swim Program

Ackermann's Happy Times Swim Program llc is a privately owned and operated business. We are not subsidized by schools, churches, clubs, cities or park departments. **We reserve the right to cancel any session due to low enrollment or staff shortage with full refund. We also reserve the right to expel any student whose behavior or actions interferes with our ability to teach other children in our group setting, or whom we deem to be a health and/or safety threat to our staff or students. A prorated refund will be given at our discretion.**

# Ackermann's Swim Program 2020 Release Forms



1044 Curran Avenue, Kirkwood, MO 63122 314-821-1070  
Web Site: www.aspkirkwood.com • e-Mail: aspkirkwood@icloud.com

**PLEASE SIGN AND COMPLETE THE FORM BELOW & RETURN WITH APPLICATION**

Name of minor 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of minor 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of minor 3 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sessions attending: Session 1 \_\_\_\_ Session 2 \_\_\_\_ Session 3 \_\_\_\_ Session 4 \_\_\_\_

Attending Session: → Session 5 \_\_\_\_ Session 6 \_\_\_\_ Session 7 \_\_\_\_ Session 8 \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact (if parent/guardian is unreachable):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

## • **SPECIAL NEEDS \* \* \***

Please **attach a list with your child's name and any medical, learning and/or behavioral conditions that we should be aware of. Please send printed Information sheet and picture with application.** Acceptance is at the discretion of the program and its agents and employees. Consideration is based upon numerous factors which relate to the safety of such child and all children participating in the program. Upon acceptance **on the first day of each enrolled session please send ALL necessary medical supplies**, i.e. inhalers, Epi Pen, sunscreen, special medications, with specific printed instructions on their use **or child will not be admitted that day. Children without special needs supplies will be sent home to get them!**

*List Special Needs & what you will be bringing on the first day:*

## • **Liability Waiver Form**

I understand that participation in a sport camp, swimming, physical activity on the playground, yard, and the drop off/pick up area include actions or tasks which might be hazardous to the participant and result in injury.

By signing below, I assume any and all risk of harm or injury which might occur to the participant due to their participation in the above said event or activity. I release Ackermann's Swim Program and their employees from all liability, costs, and damages which might arise from participation in the above named event or activity. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment in my absence.

X \_\_\_\_\_ Date \_\_\_\_\_

*(name, date and signature of parent or legal guardian)*

## • **Medical Release Form**

As the parent and/or legal guardian, I hereby grant permission to Ackermann's Swim Program (a Sports Camp) and their respective agents and employees to secure such medical aid and/or hospital services as they deem necessary for the children noted on this application. This includes contacting my child's physician and/or to seek emergency medical treatment. In the case of a critical injury, your child will be taken to the nearest emergency room or one recommend by rescuers as the situation warrants. I also agree to release, indemnify and hold harmless Ackermann's Swim Program its owners, representatives, teachers, staff and any officials from any claim arising out of any injury. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment in my absence.

X \_\_\_\_\_ Date \_\_\_\_\_