

Completion of this form does NOT register you for classes. However, it is necessary to have this form finished for the registration process to be complete.



FINS of Spring/Klein & FINS of The Woodlands
www.funinswimming.com (281)379-FINS(3467)

For FINS use only
 RP #: _____

Registration Form

DATE: _____ RESPONSIBLE PERSON(LAST): _____ (FIRST): _____
 STREET: _____ CITY: _____ ZIP: _____ PHONE(H): _____
 PHONE(C): _____ PHONE(W): _____ EMAIL: _____
 EMERGENCY CONTACT (NAME): _____ PHONE: _____
 HOW DID YOU HEAR ABOUT FINS?: _____
 PLEASE LIST ANY SPECIAL NEEDS, MEDICAL CONDITIONS, BAD WATER EXPERIENCE: _____

STUDENT'S NAME	DOB	M/F	COMMENTS
1.			
2.			
3.			
4.			

Responsible Person's Signature _____ Date _____

Automatic Payment Authorization Form

I hereby authorize FINS of Spring/Klein, or FINS of The Woodlands, hereinafter called FINS, to charge the account I have specified on the form below for the amount of my monthly lesson services. I agree that each charge to my account shall be the same as if I had done the charge in person. This authority will remain in effect until I give a 30 day written notification at which time I will be told my final charge. If I change the account number or financial institution specified, I will complete a new authorization form and immediately submit it to FINS.

I understand that any declined charges from my financial institution will result in a \$25.00 fee.

I understand that any additional fees (i.e. additional services, products, NSF, cancellation fees, etc.) will not be electronically charged and will need to be paid in person immediately upon charge.

I understand the amount charged may slightly vary each month dependent upon the number of lessons in that month. I also understand if the required monthly payment can change due to a change in my lesson package, price increases, and yearly registration fees.

Responsible Person _____ Telephone Number _____

Responsible Person's Signature _____ Date _____

Credit Card (check appropriate card)

Visa
 MasterCard
 Discover
 American Express

Last 4 digits of Card Number: _____ Exp: _____ / _____

Cardholder Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____