



www.thewesleysethfoundation.com

The Wesley Seth Foundation, Inc.
Scholarship Application
(Must be completed by a parent or guardian)

Date: ____/____/____

This application is for: Group Lessons or Basic Survival. (Please circle one)

Have you previously applied for a scholarship? ____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ email: _____

Are you requesting scholarship money for: (please check one box)

Yourself ☐ Your Children ☐ Your Family ☐

How many people in the household: _____

Ages of children: _____, _____, _____, _____, _____

Do you have a student with a diagnosed disability? Yes ☐ No ☐

Do you receive any of the following State of Florida Benefits:
(please check all that apply)

Florida Medicaid ☐ Florida Food Assistance Program ☐ Free School Breakfast/Lunch
☐ WIC ☐ Section 8 Housing ☐ Florida Summer Food Service ☐ Florida Head Start
☐ Florida Special Milk Program ☐ Other: _____

Annual Income Level:

\$5,000 - \$25,000 ☐ \$25,100 - \$32,000 ☐ \$32,000 – \$40,000 ☐ Over \$40,100 ☐

By signing this application, you agree to provide The Wesley Seth Foundation, Inc.
2 hours of volunteer service per scholarship award. The service hour fulfillments include: manning a table at a community event, fundraising, educational assisting and/or community outreach. Failure to comply with disqualify families from future scholarships. Scholarship recipients must attend ALL classes during the designated class session. Failure to attend will result in dismissal and no future assistance.

Name: _____ Date: _____

Please Print

Signature: _____

2025 Student Registration Form for Scholarship Swimming Lessons

Lesson Fees, Registration and Refund Policy: Each child shall receive eight lessons for the cost of \$_____. No refunds or make up lessons are given for missed classes. If lessons are cancelled due to weather, The Wesley Seth Foundation, Inc. will provide an indoor Water Safety Session for each the class. Lesson location: Will be provided

Liability Release: I understand that this facility assumes no responsibility for injuries or illness, which I may sustain as a result of my physical condition, or from my participation in any aquatic activity. I expressly acknowledge, on behalf of myself and my heirs that I will assume the risk of any and all injuries and illness as a result from participation. I hereby release The Wesley Seth Foundation, Inc. from any responsibility for personal property, lost or stolen while program participants are on the premises.

Photo/Video Release: I give consent for myself and/or my child to be photographed by The Wesley Seth Foundation, Inc. or an associated representative while participating in the above stated programs. They may be used in for advertising or promotional pieces for further publication.

Please initial: Accept: _____ Decline: _____

Sharing of Photos and/or Video: The Wesley Seth Foundation, Inc. . prohibits the post of lesson pictures and/or videos on YouTube and other public forums, without prior written consent. You are free to post your own videos taken outside of lessons. You may share lesson pictures or with your friends and family as long as it is not via public forum.

Parental Responsibility: Each parent is responsible to inform The Wesley Seth Foundation, Inc. of any change in health status prior to or during and/or any injury during the course of lessons. The Wesley Seth Foundation, Inc. can refuse the right for any student to participate in a lesson due to health concerns.

Medical Requirements: Some medical conditions may require a physician or therapist note for participation in the programs. Please contact the instructor.

Form of Contact: Please select the best form of contact should the instructor need to contact you:

Phone: _____ Email : _____ Text : _____

I have read and agree with the release information above and wish to enroll in a program for myself or my child

Parent or Guardian Name Date

Please note: All registration information is confidential. Names and address are used solely by The Wesley Seth Foundation, Inc. as a data base for future contact with the parent or participant. This personal information will not be sold, shared or broadcasted.

Registration Form

Student Name: Last _____ First _____

Students Date of birth: _____ **Age:** _____

Parent or Guardian Name: _____

Email address: _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: home _____ cell _____ other _____

Name of person(s) other than parent that may bring student to lessons:

Name: _____ **Contact Number:** _____

Name: _____ **Contact Number:** _____

Does this student have any prior swim lesson history? ____ Yes ____ No

Is this child afraid of the water? ____ Yes ____ No

If yes, can this child: hold their breath Y/N swim unassisted Y/N float Y/N other: _____

What is the intended goal for this student: (please circle one)

Beginner Lessons Advanced Beginner Lessons Stroke Work

Has this student had any of the following: (please circle yes or no)

Seizure: Yes No If yes, when: _____ diagnosis: _____

Head Injury: Yes No If yes, when: _____ diagnosis: _____

Broken Bone: Yes No If yes, when: _____ diagnosis: _____

Heart Condition: Yes No If yes, when: _____ diagnosis: _____

Specific Diagnosis: Yes No If yes, when: _____ diagnosis: _____

Allergies: Yes No If yes, when: _____ diagnosis: _____

Asthma: Yes No If yes, when: _____ diagnosis: _____

Hospitalized: Yes No If yes, when: _____ diagnosis: _____

Ear Tubes: Yes No If yes, when: _____ status: _____

Other Surgery: Yes No If yes, when: _____ diagnosis: _____

Please provide reason for surgery: _____

Is follow up required? Yes No

Daily Medication: Yes No If yes, please list medication, dose and reason: _____

Any of the above conditions may require a physician's or therapist's note to begin lessons. Please contact the instructor with any questions prior to the first day of lessons. Individual Instructor may not be qualified to teach persons with certain health or medical conditions.

Parent or Guradian Name Printed

Parent or Guardian Signature

Date

Office Use:

Review Date: _____ Approved for: \$ _____ Total Scholarships: _____

If declined please state reason: _____

Lesson Dates: _____ Lesson Time: _____

fee paid: cash check# _____ accepted by: _____

Total classes attended: _____ Lesson Location: _____