

# SWIM LESSON REGISTRATION

September / October 2011

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ M / F

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell or work phone \_\_\_\_\_

Email address (if you check regularly) \_\_\_\_\_

Member \_\_\_\_\_ Non-member \_\_\_\_\_ Today's date \_\_\_\_\_

I would prefer: \_\_\_\_\_ private lessons (one student) \_\_\_\_\_ semi-private lessons (two students) \_\_\_\_\_ no preference, either type is fine

My child would like to share the lesson with \_\_\_\_\_  
(we will find a partner for your child if you do not list one)

\_\_\_\_\_ Lessons are one day per week. I would be interested in two days if there is space available. Days and times that work for us are:

\_\_\_\_\_

\_\_\_\_\_ (please list preferences, but also list other times you would be available)

To help us access your child's swimming level, please refer to the skill groups on the first page and complete the following section:

To my knowledge, the group that best describes my child's abilities is:

\_\_\_\_ Non-Swimmer

\_\_\_\_ Beginner

\_\_\_\_ Advanced Beginner

\_\_\_\_ Intermediate

\_\_\_\_ Swim Team Level

Other information or special requests: \_\_\_\_\_

Does your child have asthma, diabetes, or any other medical condition we should be aware of?  
\_\_\_\_\_

I understand the payment and "no make-up" policies \_\_\_\_\_

(parent signature)

Private lessons: \$192 (member) \$232 (non-member)

Semi private lessons: \$112 (member) \$136 (non-member) Total \_\_\_\_\_

\_\_\_\_\_ Please charge my Club account

**Non-members: Please read and sign below:**

I accept full responsibility for myself and my Family's use of any and all apparatus, appliances, facility, privilege or services whatsoever owned and operated by the club, at my own risk and shall hold the club, its shareholders, directors, officers, employees, representatives and agents harmless from all loss, claim, injury, damage, or liability sustained or incurred by me and my family resulting there from. Furthermore, I grant permission to Rollingwood Racquet Club to call and inform me of any Club Promotions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_