



2010 Swim Lesson Registration

Name

Swimmer #1 _____ Age _____ Date of Birth _____

Swimmer #2 _____ Age _____ Date of Birth _____
Same Session Only

Swimmer #3 _____ Age _____ Date of Birth _____
Same Session Only

Parent's Name: _____ Relationship _____

Address: _____ Zip code: _____

Home Phone # _____ Work Phone # _____ Cell# _____

E-mail address: _____ @ _____

Ability (Use most appropriate code from **ABILITY LEVELS** chart.(next page) Each level pre-supposes mastery of previous level)

Swimmer #1 _____ Swimmer #2 _____ Swimmer #3 _____

Please add any additional information/qualifications you think the swim Instructor should know, including special learning considerations. For beginners, please also describe any bad water experiences your child may have had.

Preferred Swim Session Dates (Each session is approx. 40 minutes and is schedule for Mon-Thurs)

- | | | | |
|--|--|---|--|
| • Session 1
May 24 – June 3 | • Session 2
June 7 - 17 | • Session 3
June 21 – July 1 | • Session 4
July 5-15 |
| • 1:00 PM | • 1:00 PM | • 1:00 PM | • 1:00 PM |
| • 1:50 PM | • 1:50 PM | • 1:50 PM | • 1:50 PM |
| • 6:30 PM | • 6:30 PM | • 6:30 PM | • 6:30 PM |
| • 7:15 PM | • 7:15 PM | • 7:15 PM | • 7:15 PM |
| • Member \$85 | • Member \$85 | • Member \$85 | • Member \$85 |
| • Non member \$100 | • Non member \$100 | • Non member \$100 | • Non member \$100 |

PREMIER EMPLOYEE: _____ DATE: _____

****IMPORTANT: We cannot process any registration without parent signature**
(TURN PAGE OVER FOR ABILITY LEVELS AND RELEASE WAIVER)**

ABILITY LEVELS

EVERY level pre-supposes proficiency at all lesser levels,
Please note if that is not the case.

- 0- Absolute **Beginner**, scared of water
- 1- Absolute **Beginner**, sort of comfortable with water, but not crazy about putting head in
- 2- **Beginner**, puts whole head in easily
- 3- Goes under easily without fear, can swim/float to wall from 2-3' away
- 4- Can swim 5-8' and get started on own; maybe somewhat tentative away from the wall
- 5- Can swim 15' or more, comfortable in water, breathing is difficult
- 6- Can swim 30' or more (across aerobic pool), can take a breath, stroke is still rough, "long" swim is a struggle
- 7- Swims 75' or more, can breathe relatively easily, but not yet to side, strokes relatively smoothly
- 8- Swims 75'+, can already breathe to side, but not particularly comfortably
- 9- Breathes to side well, needs to improve strokes

RELEASE WAIVER

I have been informed and understand that certain risks may be involved in any swimming program. These risks may include musculoskeletal pain, soreness, spinal injuries and cardiopulmonary signs (elevated heart rate, labored breathing, excessive sweating or light-headedness). I understand that every effort will be made to minimize these risks. I understand these risks and declare myself or my child physically sound and/or have medical approval to participate in this program.

I will take personal responsibility for reporting any unusual signs/symptoms to the swim instructor. I will take personal responsibility to report to the swim instructor any new diagnosis, injuries, or surgical procedures occurring during this contract that could affect the swim lessons. A doctor's referral may be required for ongoing lessons following certain medical procedures.

Any information that is obtained regarding fitness level and progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed or written consent.

In addition, I agree to the following:

- a. Assume all risk of injury and all risk of damage to or loss of property arising out of participation in this program;
- b. Release, discharge, and waive any and all responsibility of Premier Health & Fitness Center from and against any liability of injury or accidents which may occur as a result of participation in this program;
- c. Assume responsibility of any medical bills that may incur as a result of participation in this program.

I have read this form and understand the consent to participate in this swim lesson program. I am aware that I must remain on the Premier premises during the lesson. I understand there are no refunds. If I have any questions concerning the content, policies, or procedures regarding the swim lesson program, I will discuss these questions with the swim instructor.

Parent or guardian: _____ Date _____