**Group Swim Lessons Registration**

**\*\*Month Long Lessons\*\***

**Payment must be included for all sessions you are registering for**

**at time of registration to process your form.**

Group lessons are 30 minute classes, Tuesdays and Thursdays through the 4 week session. New sessions each month

Please fill out both sides of this form completely. All fields must be completed to process your registration.

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check preferred method of notification. Text notifications are our default.

Circle: Member ($45) Non Member ($58) Non-Member Parent DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing here you authorize us to use your card on file for your swim lessons sessions.

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

MUST BE A MEMBER WITH A CARD ON FILE FOR CLUB PURCHASES (NOT BILLING). See membership to add a card on file option.

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\*You will receive a text or email to confirm your child’s schedule the week prior to the start of the session. Make sure your phone or email is clearly printed on your registration form. If you do not receive a confirmation within 48 hours of the start of a session, please contact Charli by phone at 468-7366. Please check your lesson schedule for accuracy, if there are any errors contact us immediately.

**ALL Lessons- Tuesday & Thursdays in the Warm Pool, Grayling level is in the Rec pool**

**\*\*If you are only available at one time please look into private lessons. \*\***

|  |  |  |
| --- | --- | --- |
| Swimmer’s Name: | Age: | DOB: |
| Medical Conditions or Allergies: |
| Class Level Requested: | Month Requested: |
| Please cross off the class times that won’t work for you **\*\*If you are only available at one time please look into private lessons. \*\*** |
| 9-9:30 | 9:30-10 | 10-10:30 | 10:30-11 | 4:30-5 | 5-5:30 | 5:30-6 | 6-6:30 | 6:30-7 |

|  |  |  |
| --- | --- | --- |
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**We will do our best to get you the time you prefer, but this is not a guarantee.**

**Class Levels:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paddlefish | Whitefish | Perch | Bass | Trout | Grayling |
| Water Adjustment-swimmers work on comfort in water. **Age 2 years*****\*Cannot be under 2 years old\**** | Introduction to Water Skills- basic mechanics of swimming with instructor support.**Ages 3+** | Fundamental Aquatic Skills- swimmers begin to swim without instructor support. | Stroke Development- swimmers are introduced to strokes. | Stroke Development- swimmers work to improve strokes and endurance.**Towels are NOT included with your swim lessons.** Rental is $1/day or members can add towel service for $5/month | Stroke Development- in Rec Pool***\*PM Classes only offered after 5PM*** |

**\*SIGN RELEASE ON REVERSE\***

**Policies**

We wish to make your experience at the Peak Swim School as rewarding as possible. To do this, we ask you to follow these simple guidelines put together for the safety of your children. If you have questions, please feel free to contact a Swim School Manager who will be happy to assist you.

* NO PARENTS OR GUARDIANS ON DECK WHILE LESSON IS IN SESSION

Parents may view lessons on the ***last day*** of the session, and may remain on the deck for the first 5 and last 5 minutes of class.

* Drop children off shortly before lesson and pick up promptly at the ends of lesson.
* Children MUST picked up from the swim lessons pool deck by an adult
* Arrangements can be made for children to be dropped off/picked up by Treehouse staff
* Children not picked up within 5 minutes of lessons ending will be taken to the Treehouse at the expense of parent/guardian
* There are no make-up classes for missed group lessons. Due to holidays, certain months will only have 7 classes. These 7 classes will still be charged our regular session fee.
* Children under the age of 14 are not allowed in the adult locker rooms. Children should use the Junior Locker Rooms or change in the Family Change Rooms
* A participant has until 72 hours before a session begins to cancel out of a group lesson session. After that, the participant is subject to the full amount of the session. Only in the case of a participant being unable to participate due to a medical reason will a full refund be given at any time. A doctor’s note may be required for refund.
* Facility Entrance for Non Member swim lessons;

You may arrive at the Peak 15 minutes prior to your scheduled lesson time to prepare for your lesson. You may stay for 30 minutes after to exit the lesson. Children enrolled in swim lessons are allowed 15 minutes before and after lessons to practice in the River Pool dependent upon pool availability. Persons staying longer than their scheduled lesson time without purchasing a day pass may lose lesson privileges.

 **I agree to adhere to these and all Peak policies and staff requests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Peak Swim Lesson Participation Liability Waiver and Emergency Release

## Read carefully before signing

The undersigned, being responsible for and authorized to make medical decisions, hereby authorize the bearer of this document to seek emergency treatment, as required, for my child(ren) listed, (swimmer’s name) in the event of an accident or illness.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for my child(ren) to participate in Peak Swim Lessons. I understand that the purpose of this swim lessons is to expose my child to a variety of swimming skills, drills, strokes, and safety situations. I also realize there are inherent risks in participating in physical activities. I understand that my child should inform an instructor/coach if he/she is injured or is experiencing any unusual symptoms. I consent to emergency treatment, by a trained health care provider, including administration of whatever medication deemed appropriate and/or necessary for my child’s care in the event of an injury or illness. I also authorize that my child be transported to a local medical facility.

I consent to have my child photographed during swim lessons, which may be used for promotional purposes by the Peak.

With this understanding, I release The Peak Health and Wellness Center, its agents, employees and staff from any liability, which may arise as a result of accident or injury during the Peak Swim Lessons. I consent to the release of information concerning my involvement with this program to medical personnel if appropriate.

I understand that there are NO make-up lessons or refunds on missed classes.

I have read the release of information and fully understand the contents. By my signature below I understand and agree to the above terms and conditions.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of Parent or Legal Guardian Print Name of Parent or Legal Guardian Date