

## CHILD SUMMER SWIM LESSONS

Lesson Dates: July 7 - 24

Member Portal & In-Person Registration: June 9 - 27

Three-Week Session: Two 30 minute lessons per week

FEE: Member \$60    Non-Member \$100

| Monday/Wednesday  | Class              | Class     |
|-------------------|--------------------|-----------|
| 10:30-11:00 a.m.  | Bobbers            | Shrimp    |
| 11:00-11:30 a.m.  | Shrimp             | Seahorse  |
| 12:15-12:45 p.m.  | Starfish           | Stingray  |
|                   |                    |           |
| Monday/Wednesday  | Class              | Class     |
| 4:00-4:30 p.m.    | Seahorse           | Stingray  |
| 4:30-5:00 p.m.    | Shrimp             | Jellyfish |
| 5:00-5:30 p.m.    | Starfish           | Shrimp    |
| 5:30-6:00 p.m.    | Dolphin            | Seahorse  |
|                   |                    |           |
| Tuesday/Thursday  | Class              | Class     |
| 11:00-11:30 a.m.  | Starfish           | Seahorse  |
| 11:30 am-12:00 pm | Shrimp             | Jellyfish |
| 12:00-12:30 p.m.  | Stingray           | Seahorse  |
| 12:30-1:00 p.m.   | Piranha/Tigershark | Starfish  |
|                   |                    |           |
| Tuesday/Thursday  | Class              | Class     |
| 4:00-4:30 p.m.    | Seahorse           | Starfish  |
| 4:30-5:00 p.m.    | Jellyfish          | Stingray  |
| 5:00-5:30 p.m.    | Shrimp             | Shrimp    |
| 5:30-6:00 p.m.    | Dolphin            | Bobbers   |

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**REGISTRATION MUST BE DONE IN PERSON or MEMBERS ONLINE**

**NO PHONE, FAX, OR EMAIL REGISTRATION ACCEPTED.**

Swimmer's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_ Member# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Relationship to child/adult \_\_\_\_\_

Does the swimmer have a special need the instructor should be aware of? \_\_\_\_\_

### Agreement

1. I hereby certify the above is in normal health and capable of safe participation in the swim program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby give permission to the Madonna Wellness Club team to authorized medical treatment in the event parent(s) and/or emergency contact cannot be reached.
2. I understand Madonna Wellness Club is not responsible for my child past program ending times.
3. As the parent or legal guardian of the above named person, I hereby give Madonna Wellness Club permission and authority to print his/her name in newsletters and to use identifying information (name, photographs, videos, etc.) in publications or promotional materials.

### Cancellation Policy

1. Once you have registered for a session, staff begins preparation for the session. If you cancel participation in the program prior to the session beginning, you will receive credit for a future session. Once the session begins, there will be no credit or refunds.
2. No make-up classes will be held for unexpected closure of pool, i.e. holidays, vomit/fecal incidents, power outages. **Exception:** Injury or illness, whereas a doctor's note is mandatory, then partial credit.

Parent/Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Office Use Only-----

Amount Paid \_\_\_\_\_ Cash Check Credit Card CTA (Member # \_\_\_\_\_)

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_