

## CHILD GROUP SWIM LESSONS

SESSION DATES: September 22-October 30

MEMBER PORTAL or IN-PERSON REGISTRATION: August 25

Lessons are 30-minutes and held once a week for 6 weeks.

\$60 Members / \$100 Non-members

Monday	Class	Instructor
4:30-5:00 p.m.	Shrimp	Tanya
5:00-5:30 p.m.	Seahorse	Tanya
5:30-6:00 p.m.	Shrimp	Tanya
6:00-6:30 p.m.	Starfish	Tanya
6:30-7:00 p.m.	Jellyfish	Tanya
Tuesday	Class	Instructor
4:30-5:00 p.m.	Starfish	Gracie
5:00-5:30 p.m.	Bobbers	Gracie
5:30-6:00 p.m.	Jellyfish	Gracie
6:00-6:30 p.m.	Stingray	Gracie
6:30-7:00 p.m.	Dolphin	
Wednesday	Class	Instructor
4:30-5:00 p.m.	Starfish	Mattea
5:00-5:30 p.m.	Seahorse	Mattea
5:30-6:00 p.m.	Stingray	Mattea
6:00-6:30 p.m.	Shrimp	Mattea
Thursday	Class	Instructor
4:30-5:00 p.m.	Seahorse	Justice
5:00-5:30 p.m.	Jellyfish	Justice
5:30-6:00 p.m.	Shrimp	Justice
6:00-6:30 p.m.	Stingray	Justice



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**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

CLASS	DAY	TIME
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Parent/Guardian Name \_\_\_\_\_

Address	City	State	Zip
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Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact	Relationship to Child

**Emergency Phone** \_\_\_\_\_ **Emergency Email** \_\_\_\_\_

**List any special needs the instructor should be aware of?**

1. I hereby certify the above is in normal health and capable of safe participation in the Wellness Club program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby give permission to the Wellness Club team to authorized medical treatment in the event parent(s) and/or emergency contact cannot be reached.
2. I understand the 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 the 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.

1. Once you have registered for a session, the Wellness Club 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/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Billing Member Name**\_\_\_\_\_ **MR#**\_\_\_\_\_ **Phone**\_\_\_\_\_

\$60 Member	\$100 Non-member	Payment Type:	Cash	Check	Charge to Member Account	Credit Card
Circle One		Circle One				

Credit Card #

Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature\_\_\_\_\_

Check box: ☐ Keep credit card on file for future enrollments. ☐ Do not keep credit card on file.