

CHILD GROUP SWIM LESSONS

SESSION DATES: January 5 – February 12

MEMBER PORTAL or IN-PERSON REGISTRATION: December 15 – January 2

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

\$60 Members / \$100 Non-members

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



**MADONNA
REHABILITATION**

Wellness Club

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Child's Name _____ Age _____ DOB ____/____/____

CLASS _____ DAY _____ TIME _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Relationship to Child _____

Emergency Phone _____ Emergency Email _____

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

Agreement

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.

Cancellation Policy

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 _____

PAYMENT INFORMATION

\$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.