

Santa Rosa Swimming Lessons

Registration Information

Parent First & Last Name _____, Email _____

Home Phone _____, Cell _____

Children's name & DOB #1 _____, #2 _____
#3 _____, #4 _____

Address: _____ City/Zip _____

Cross street/ special directions to your home: (if you are hosting the lesson)

Mother:

First & Last Name _____, Phone #'s _____

Father:

First & Last Name _____, Phone #'s _____

Emergency Contact:

First & Last Name _____, Phone #'s _____

Allergies _____ Notes _____

Payment & Registration Receipt:

Lesson Time & Day Desired & # of minutes _____

Instructor Preference _____

Special notes about the lessons _____

Lesson costs (fill in qty, minimum 4):

Lessons at Marvella pool:

___ 20 Minute Private (\$20)	___ 30 Minute Private (\$30)
___ 30 Minute Semi Private (\$18 each)	___ 30 Minute Family (\$36 per family)
___ 30 Minute Parent & Tot (\$20 for 1)	___ 30 Minute Parent & Tot (\$60 for 4)
___ 30 Minute Parent & Tot (\$120 for 10)	___ 30 Minute Parent & Tot (\$200 for 20)

Lessons at your pool:

___ 30 Minute At Home (\$35)	___ 40 Minute At Home (\$44)
___ 60 Minute At Home (\$64)	___ 80 Minute At Home (\$78)
___ 90 Minute At Home (\$86)	___ 120 Minute At Home (\$108)

Any exceptions/notes/vacations _____

Signing up with other families/friends: _____

Please provide your credit card/debit card information below:

Circle one: Visa Mastercard Discover

Credit card # _____ Exp Date ___ / ___ VIN _____

Signature _____ Total: \$ _____

I Understand: (Please initial below)

_____ I will be billed on my credit card before the start of the lessons for 4 lessons at a time.

_____ If I cancel a lesson for any reason I must schedule a makeup within 1 week, and Use the makeup within 3 weeks from the day of the missed lesson.

_____ I understand that there are no refunds for unused lessons.

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in swimming lessons and hereby agrees to indemnify and hold harmless Kristin Green, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swimming lessons. The participant also agrees to indemnify Kristin Green for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Kristin Green to have the participant treated in any medical emergency during their participation in swimming lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)