October Member Group Swim Lesson

Registration Form

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| **Members only with charging account set up.** | **Please make sure your child takes a cleansing shower before getting into the pool for group swim lessons.** | |
| All lessons taught in the indoor warm pool. |  | |
| Level Classes  Monday and Wednesday  4 Weeks – 8 Sessions  10/7-10/30  Ages 3+  Members: $80 |
|  |
| Level 1: 4:30pm | **For description of levels see chart on Back of page.** |
| Level 2: 5:00pm |
| Level 3: 5:00pm |
| Level 4: 4:30pm |
| Level 5: 5:00pm |
| Pre-swim team: 4:30pm |
|  |

\*Last Day to Register for all classes is **Friday October 4th.**

Please fill out all information on form, thank you

**All classes must have at least 3 swimmers in order to run the program.**

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellation Policy**

Cancellations must be made 72 hours in advance of all programs starting date in order to receive full refund: otherwise 50% of program cost will be refunded.

**Sign here if you read and understand the Cancellation Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have any questions about placement please email Rob: rob@athleticclubofbend.com**

**Class Descriptions:**

**Level 1: Water Comfort**

This level is for students ages 3+ who are able to participate in a group setting. The students in this level will learn how to be comfortable in the water. **Maximum 4 Students**

**Level 2: The Basics**

Students must be comfortable in the water and able to kick on their tummy and backs (with help) before joining this class. This level will teach your child basic safety and swimming skills.

**Maximum 4 Students**

**Level 3: Learning Strokes**

Students must know how to kick on their backs and do arrow arms before joining this class. This class will build on the basic swimming skill learned in 2 by adding in the arms to do backstroke and freestyle. **Maximum 4 Students**

**Level 4: Stroke Control**

Students must be able to demonstrate freestyle and backstroke arms and be able to roll over from tummy to back and back to tummy in order to join this class. This class will be working on more independent swimming skills.

**Maximum 5 Students**

**Level 5: Breathe and Go**

Students must be able to demonstrate freestyle and backstroke arms for at least 10 seconds and have a basic understanding of “breathe no breathe” in order to join this class. At this level your child should know how to swim but will be unable to go long distances. We will teach them how to take breaths so they are able to swim farther on their own. **Maximum 5 Students**

**Level Pre-swim team: Going the Distance with Strokes and prep for swim team**

Students must be able to do freestyle with side breathing in order to join this class. This class will focus more on other strokes such as breast stroke and butterfly and refining the technique of all four strokes to prepare them for swim team. **Maximum 12 Students**

INFORMED CONSENT/PARTICIPANT RELEASE

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_

I, the parent or guardian of the above named participant understands the possibility of injuries resulting from activities sponsored by the Athletic Club of Bend (ACB). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless ACB and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against ACB, its directors, employees and agents. I understand there is no insurance coverage provided by ACB for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of ACB, is involved in the transportation of participant in connection with ACB activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that either a licensed physician or trained emergency care technician may provide such treatment. I agree that ACB may use, produce, disclose and distribute participant’s name and/or likeness and the information included on this registration form by ACB. I acknowledge that I have read, fully understand and accept the above provisions, payment and refund policies and I recognize that ACB is relying on such acceptance in permitting participant to engage in ACB activities.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who, other than a parent or guardian is authorized to pick up your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of serious illness or accident to above named child/children I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child. In the event an injury or illness is so severe that immediate medical treatment is necessary ACB will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.

Mom daytime phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad daytime phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency daytime phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking any medications? Yes\_\_\_\_ No\_\_\_\_

Please list medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or other health info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_