



90 Swanson Road, Boxborough, MA 01719 Phone: 978-635-0500 Fax: 978-635-9510 www.swymfit.com

EARLY SPRING 2018 - SESSION #4

Monday, February 26th – Sunday, April 15th

Session #4 Make-Up Day is Saturday, April 7th, as space allows.

Parent/Tot 1:00-1:30pm, Guppy 1:30-2:00pm, L1 2:00-2:30pm, L2 2:30-3:00pm, L3 3:00-3:30pm, L4 3:30-4:00pm, L5&L6 4:00-4:30pm

GROUP SWIM LESSON REGISTRATION FORM

| LESSON TYPE | 7 Weeks <i>All Monday-Saturday</i> | 6 Weeks Sunday Classes Only (No Class April 1 st for Easter) | Christopher's Mini Session 2 X per week Tues & Fri March 6-23 |
|--|---------------------------------------|--|---|
| Parent/Tot, Guppy-Level 6 (30 min) | \$161 Member \$189 Non-Member | \$138 Member \$162 Non-Member | \$138 Member \$162 Non-Member |
| Stroke & Fitness (60 min) (L4 and up) | N/A | \$245 Member \$273 Non-Member | N/A |
| Adult Beginner (45 min) Adult Intermediate (45 min) | \$252 Member \$280 Non-Member | \$216 Member \$240 Non-Member | N/A |

Parent/Guardian/Adult Participant: _____

Address: _____ Town: _____ Zip: _____

E-mail: _____

Cell: _____ Home Phone: _____

#1 Swimmer's Name: _____ Age: _____ Swim Level: _____ DOB _____

Day: _____ Time: _____ Instructor: _____

#2 Swimmer's Name: _____ Age: _____ Swim Level: _____ DOB _____

Day: _____ Time: _____ Instructor: _____

Cancellation policy and liability waiver signature required.

Cancellation & Make-Up Policy: Full payment is required at time of registration. No refunds will be given except for illness or injury with a doctor's note. Swymfit reserves the right to substitute another qualified, certified teacher in the event of instructor illness, vacation or emergency. If Swymfit must cancel a class, for any reason, you will be notified as soon as possible and we will be responsible for scheduling a make-up class during the current session. There is no *guaranteed* make-up class for any other reason. One make-up class is *offered* on our posted make-up day at the end of the session. Class size is limited.

Liability Waiver: By signing below, I Parent/Guardian of the registered swimmer, or adult participant, recognize the inherent risks of swimming. These include, but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury including drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release Swymfit, the Harvard Ridge Fitness Center, its employees, agents and entities thereof from any direct or consequential injuries that may result from participating in the swimming program or being present on the premises. I also agree to enforce standard pool safety rules while my child is going to and from the swimming pool and while using the locker rooms. I also agree to take sole responsibility for siblings, friends or other guests who accompany my child to class. Pool safety rules are posted in the pool area and are additionally available on request. We do not have a lifeguard on duty. I understand that it is my responsibility to watch my children, siblings, friends and other guests at all times.

By signing below, I (Parent/Guardian of the registered swimmer (s), or adult participant) confirm that I have read and understood the Cancellation Policy, Make-Up Policy and the Liability Waiver.

Parent/Guardian Signature/Adult participant: _____ Date: _____

-----STAFF USE ONLY-----

Staff Initials: _____ Member _____ Non-Member _____

Payment Type: Credit Card Check # _____ Payment Date: _____ Total Payment: \$ _____