spare time sports clubs | DIAMOND HILLS SPORTS CLUB & SPA

REGISTRATION FORM

Swimmer Name:_____ Age: _____ Membership #:_____

Parent Name:_____ Phone #:_____

Parent Email:_____

Emergency Contact Name:_____ Phone #:_____

Medical conditions or medications we need to be aware of:

_____

1. Diamond Hills Sports Club and Spa membership is required prior to clinic enrollment.
2. I agree to allow the club to charge my membership account for enrollment fees.
3. **We allow 1 make-up session per session with 24 hours advanced notice of cancellation. Reschedule is at our discretion and same instructor is not guaranteed.**
4. All participants up to the age of 3 years old are required to wear reusable swim diapers (with plastic cover).
5. Lessons are subject to cancellation by club if enrollment is low. If alternate lessons cannot be scheduled a full refund of remaining lesson fees will be issued.
6. Spectators are to watch from designated seating areas only and are not permitted to interrupt or distract from the lesson.
7. The goal is to help each participant progress, however progression is not guaranteed.
8. We reserve the right to change instructors during any lesson.
9. Model Release: I hereby grant Spare Time Inc. and it's legal representatives and assigns the irrevocable and unrestricted right to publish photographs and video of me, or photo/video in which I may be included, for advertising an all other media purposes relating exclusively to Spare Time Inc. and its sports clubs and spas. Media purposes may include, but are not restricted to, these mediums: print, electronic, web-based, and social media, including, but not restricted to Facebook and Instagram. I hereby release Spare Time Inc. and its representatives and assigns from all claims and liability relating to said photograph/video.

Initial here to opt-out of the Model Release: _____

REFUND POLICY:

Full refund=Cancellation with 14 or more days advance notice prior to session start.
50% refund=Cancellation within 7-13 days advance notice prior to session start.
0% refund=Missed lesson, session, or less than 7 days advance notice prior to session start.

Initial here to acknowledge you understand the refund policy: _____

I have read, understood, and agree to the above listed terms and information:

Parent Signature:_____ Date: _____

PLEASE CIRCLE ONE	PRIVATE
2 WEEK SESSION, 8 LESSONS, MON-THURS (4X PER WEEK)	$270
4 WEEK SESSION, 8 LESSONS, (Options daily Mon-Sat, no lessons Sun) (2X PER WEEK)	$270
2 WEEK SESSION, 4 LESSONS, (Options daily Mon-Sat, no lessons Sun) (2X PER WEEK)	$140

OFFICE USE ONLY:
DAY(S):
TIME:
LEVEL:
SESSION#: