REGISTRATION FORM

Swimmer Name:	Age: Membership #:	
Parent Name:	Phone #:	
Parent Email:		
Emergency Contact Name:	Phone #:	
Medical conditions or medications we ne	ed to be aware of:	
 2.I agree to allow the club to charge my me 3. We allow 1 make-up session per session winstructor is not guaranteed. 4. All participants up to the age of 3 years of 5. Lessons are subject to cancellation by cluremaining lesson fees will be issued. 6. Spectators are to watch from designated 7. COVID-19 Restrictions: *subject to change participate in any lessons. 8. The goal is to help each participant progression. 9. We reserve the right to change instructors. 10. Model Release: I hereby grant Spare Time publish photographs and video of me, or relating exclusively to Spare Time Inc. an mediums: print, electronic, web-based, a 	th 24 hours advanced notice of cancellation. Reschedule is at our discretion and sa d are required to wear reusable swim diapers (with plastic cover). o if enrollment is low. If alternate lessons cannot be scheduled a full refund of eating areas only and are not permitted to interrupt or distract from the lesson. * - Participants & spectators feeling ill or experiencing COVID-19 symptoms may no ss, however progression is not guaranteed.	
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:	
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PLEASE CIRCLE ONE	PRIVATE
2 WEEK SESSION, 8 LESSONS, MON-THURS	\$270
4 WEEK SESSION, 8 LESSONS, 2X PER WEEK	\$270
2 WEEK SESSION, 4 LESSONS, MON/WED OR TUES/THURS	\$140
1 MONTH SESSION, 4 LESSONS, FRI OR SAT	\$140

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