



Private Swim Lesson Registration Form:

If any questions, please contact Melanie at 870-207-7779.

Swimmers Name: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: M or F Height: _____ Weight: _____ Hair & Eye Color: _____

Parent(s) Name: _____ Phone #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Medical Information (Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells please provide specifics): _____

<p>Member Pricing</p> <p>30 min. Lesson</p> <ul style="list-style-type: none"> <input type="radio"/> 5 Lesson Punch Card \$150.00 <input type="radio"/> 10 Lesson Punch Card + 1 Free Lesson \$300.00 <p>60 min. Lesson</p> <ul style="list-style-type: none"> <input type="radio"/> 5 Lesson Punch Card \$275.00 <input type="radio"/> 10 Lesson Punch Card + 1 Free Lesson \$550.00 <hr/> <p>Non-Member Pricing</p> <p>30 min. Lesson</p> <ul style="list-style-type: none"> <input type="radio"/> 5 Lesson Punch Card \$200.00 <input type="radio"/> 10 Lesson Punch Card + 1 Free Lesson \$400.00 <p>60 min. Lesson</p> <ul style="list-style-type: none"> <input type="radio"/> 5 Lesson Punch Card \$325.00 <input type="radio"/> 10 Lesson Punch Card + 1 Free Lesson \$650.00 	<p>SWIM LESSONS POLICIES & GUIDLINES:</p> <p>Eligibility: Swimming is a developmental skill and every child will learn at their own pace. Four (4) years of age and older will be taught the fundamental skills to Swimming the various strokes starting with freestyle & backstroke. <i>Please note: Lessons are not an aquatic survival lesson. All children should be watched near open water at all times. Siblings: more than one child, can receive 10% discount. Ex. 3 children, first child full price, second and third receives disc.</i></p> <p>Responsibility: Children who are not toilet trained must wear a tight fitting reusable swim pant. Rough play & bad behavior will not be tolerated and will lead to dismal from lesson/class.</p> <p>Sickness: Swimmers with open wounds, rashes, diarrhea, fevers or colds may not participate in swim lessons while they are ill.</p> <p>Payment & Cancellation Policy: You are responsible for payment of a lesson punch card prior to the first lesson. To cancel a private swim lesson without charge, you must contact your instructor at least <u>3 hours</u> prior to your scheduled lesson. If you fail to cancel at least <u>3 hours</u> in advance, you will be charged for the full lesson. Each punch card is eligible for 6 months from the date purchased. After 6 months, remaining lessons will be expired & forfeited.</p> <p>Make Ups: If lesson is cancelled due to inclement weather, your instructor will contact you for make up times or days. Please call ahead if inclement weather arrives.</p> <p>Refunds: We are unable to offer refunds for any reason.</p>
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WAIVER, RELEASE of LIABILITY, and CONSENT

For and in consideration of being permitted to participate in the facilities, programs and services of St. Bernards Health & Wellness Institute, herein referred to as SBH&W, the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted thereon or therein. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize SBH&W and its agents or employees to voluntarily and gratuitously perform on-site treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that SBH&W has made no representations that treatment will be performed by persons with such training. I also authorize SBH&W and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, affiliates, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons. I further give my consent to SBH&W and its agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that SBH&W and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Waiver, Release of Liability, and Consent, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by any party hereby released.

If the person participating at the St. Bernards Health & Wellness Institute is under the age of 18, a parent or legal guardian must provide a signature below indicating an understanding and agreement with all provisions of this Waiver, Release of Liability and Consent.

Member/Participant Name (Printed)

Member/Participant Name (Signature)

Parent/Legal Guardian Name/Participant Name (Printed)

Parent/Legal Guardian Name/Participant Name (Signature)

Date