

Spring Swim Lessons
Registration: March 9 - 15, 2020
Child Lessons: March 23 - May 14, 2020
 Child classes: 8 weeks, one 30 minute lesson per week
 FEE: Members \$45 Non-Members \$70

Monday	Class	Instructor
4:30-5:00 p.m.	Bobbers and Sinkers	Callie
5:00-5:30 p.m.	Shrimp	Callie
5:30 -6:00 p.m.	Seahorse	Callie
6:45- 7:15 p.m.	Starfish	Callie
Tuesday	Class	Instructor
4:30-5:00 p.m.	Shrimp	Mallori
5:00-5:30 p.m.	Starfish	Mallori
5:30-6:00 p.m.	Jellyfish	Mallori
6:00-6:30 pm	Stingray	Mallori
6:30 -7:00 p.m.	Dolphin	Mallori
Wednesday	Class	Instructor
4:30-5:00 p.m.	Starfish	Molly
5:00-5:30 p.m.	Seahorse	Molly
5:30-6:00 p.m.	Stingray	Molly
6:00-6:30 p.m.	Shrimp	Molly
6:30-7:15 p.m.	Piranha/Tiger shark	Molly
Thursday	Class	Instructor
4:30-5:00 p.m.	Seahorse	Shea
5:00-5:30 p.m.	Jellyfish	Shea
5:30-6:00 p.m.	Shrimp	Shea
6:45-7:15 p.m.	Stingray	Shea

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REGISTRATION MUST BE DONE IN PERSON.

NO PHONE, FAX, OR EMAIL REGISTRATION ACCEPTED.

Swimmer's Name _____ Age _____ DOB ____/____/____

CLASS _____ DAY _____ TIME _____

Parents' Name(s) _____ Member# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Relationship to child/adult _____

Emergency Contact Phone _____ Email _____

Does the swimmer have a special need the instructor should be aware of? _____

Agreement

1. I hereby certify the above is in normal health and capable of safe participation in the ProActive program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby give permission to the ProActive team to authorized medical treatment in the event parent(s) and/or emergency contact cannot be reached.
2. I understand ProActive is not responsible for my child past program ending times.
3. As the parent or legal guardian of the above named person, I hereby give ProActive permission and authority to print his/her name in newsletters and to use identifying information (name, photographs, videos, etc.) in publications or promotional materials.

Cancellation Policy

1. Once you have registered for a session, ProActive begins preparation for the session. If you cancel participation in the program prior to the session beginning, you will receive credit for a future session. Once the session begins, there will be no credit or refunds.
2. No make-up classes will be held for unexpected closure of pool, i.e. holidays, vomit/fecal incidents, power outages. **Exception:** Injury or illness, whereas a doctor's note is mandatory, then partial credit.

Parent/Adult Signature _____ Date _____

-----Office Use Only-----

Amount Paid _____ Cash Check Credit Card CTA (Member # _____)

Staff Initials _____ Date _____

