

# Spring Swim Lessons

**Registration: March 15 - 21, 2021**

**Child Lessons: March 29 - May 6, 2021**

Child classes: 6 weeks, one 30 minute lesson per week

**FEE: Members \$45      Non-Members \$70**

<b>Monday</b>	<b>Class</b>	<b>Instructor</b>
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
7:00 - 7:30 p.m.	Starfish	Callie
<b>Tuesday</b>	<b>Class</b>	<b>Instructor</b>
4:30-5:00 p.m.	Shrimp	
5:00-5:30 p.m.	Starfish	
5:30-6:00 p.m.	Jellyfish	
6:00-6:30 pm	Stingray	
6:30 -7:00 p.m.	Dolphin	
<b>Wednesday</b>	<b>Class</b>	<b>Instructor</b>
4:30-5:00 p.m.	Starfish	Callie
5:00-5:30 p.m.	Seahorse	Callie
5:30-6:00 p.m.	Stingray	Callie
6:00-6:30 p.m.	Shrimp	Callie
6:30-7:00 p.m.	Piranha/Tiger shark	Callie
<b>Thursday</b>	<b>Class</b>	<b>Instructor</b>
4:30-5:00 p.m.	Seahorse	
5:00-5:30 p.m.	Jellyfish	
5:30-6:00 p.m.	Shrimp	
7:00-7:30 p.m.	Stingray	

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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 \_\_\_\_\_

