

CWR @ The Fontana Center
Private / Semi-Private Lesson Registration - Adult

Personal Information:

Participants Name: _____ **Age:** _____

Address:
Street: _____ **City:** _____ **Zip:** _____

Phone Numbers:
Home: _____ **Cell:** _____ **Work:** _____

Email Address: _____

Medical History Information:

Do you have any medical conditions or taking medications of which we should be aware:

Skill Information:

Have you had previous lessons:

Yes, formal lessons Yes, home taught No lessons

Do you have any fears of the water: Yes (explain below) No

Are you able to:

- | | | |
|---|--|--|
| <input type="checkbox"/> sit on side of pool | <input type="checkbox"/> use free style stroke | <input type="checkbox"/> able to swim 10ft |
| <input type="checkbox"/> put face in water | <input type="checkbox"/> dive in from deck | <input type="checkbox"/> able to swim 25ft |
| <input type="checkbox"/> blow bubbles | <input type="checkbox"/> able to float | <input type="checkbox"/> swim >25ft |
| <input type="checkbox"/> jump in water | <input type="checkbox"/> float in deep water | <input type="checkbox"/> tread water |
| <input type="checkbox"/> jump in/return to side | | |

A \$25 non-refundable deposit is due at time of registration. This is a per child fee and will be applied to total lesson fee. Full lesson fee is due two weeks prior to the start of the scheduled lesson. Payment _____

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Private Swim Lesson Rules & Regulations - Adult

1. **NO OBSERVERS DURING LESSON TIME!** All non-participants must **wait outside of the building.**
2. Lessons are in an enclosed pool, therefore, we will have lessons rain or shine. **We will NOT schedule make-up days unless swim instructor will not be present (months of June - August ONLY)!**
3. **Lessons will be 45 minutes of instruction** time with 15minutes of “in-out time”. Student should be prepared to be here for about one hour.
4. **ENTRANCE & EXIT WILL BE through the side glass patio doors (June - August ONLY).**
5. **No Refunds or make-up lessons schedule for NO-Call / NO-Show lessons.** If you will not be able to make your scheduled session we will attempt to re-schedule your lesson at our earliest convenience .
6. **NO FOOD OR DRINKS (EXCEPT WATER) BROUGHT INTO POOL AREA!!** Water only allowed in plastic containers. We suggest no food one hour prior to lesson time.
7. **NO floatation devices are used.** If instructor thinks this is necessary, we will provided needed equipment.
8. Goggles are allowed, but we suggest using ones that only cover the eyes, no full masks.
9. Bring towel to dry off after lesson, dry shoes and cover-up to leave the area.
10. Please visit the restroom prior to lesson time. Lockers are available for daily use, bring your own pad-lock if you would like your things to be secured.
11. Be considerate of others using pool area, and respect and follow advice of swimming instructor.
12. Please notify the staff if you have any problems or concerns regarding the lessons, instructors, or the facility. **THANK YOU!!**

Name:

Signature / Date:

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Release and Waiver of Liability for Swimming Lesson Participation

I desire to engage in a swimming lesson program at The Fontana Center for Fitness and Health. I am aware that there are risks associated with water activities such as physical injury, drowning, water ingestion, chlorine inhalation, eye irritation, etc.

I will follow posted and/or oral instructions of The Fontana Center for Fitness and Health staff and request necessary assistance and/or information required for safe activity and/or of equipment. I will alert The Fontana Center staff if there are any changes in mine or my child's physical status.

In consideration for being allowed to participate in activities and for use of the facilities and/or equipment of The Fontana Center, I AGREE TO ASSUME THE RISK OF MINE OR MY CHILD'S PARTICIPATION IN ACTIVITIES AND USE OF THE FACILITIES AND EQUIPMENT. IN ADDITION, I AGREE TO HOLD HARMLESS AND INDEMNIFY THE FONTANA CENTER FOR FITNESS AND HEALTH, THEIR EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS FROM AND AGAINST ALL CLAIMS, DEMANDS AS A RESULT OF PERSONAL INJURIES (INCLUDING DEATH), AND PROPERTY DAMAGE FROM PARTICIPATION IN ACTIVITIES OF AND USE OF THE FACILITIES AND EQUIPMENT OF THE FONTANA CENTER FOR FITNESS AND HEALTH.

Client's Name (please print)

Client's Signature / Date