

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

Personal Information:

Participants Name: _____ **Age:** _____

Parent/Guardian Name: _____

Address:

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

Phone Numbers:

Home: _____ **Cell:** _____ **Work:** _____

Email Address: _____

Medical History Information:

Does your child have any medical conditions or taking medications of which we should be aware:

Skill Information:

Has your child had previous lessons:

Yes, formal lessons Yes, home taught No lessons

Does your child have any fears of the water: Yes (explain below) No

Is your child 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		

Is your child completely potty trained*: Yes No

*children must be complete potty trained at time of registration, use of swim diapers is NOT allowed

Will you allow your child's photo to be used in media and/or advertising information: Yes No

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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Swim Lesson Rules & Regulations

1. **NO OBSERVERS DURING LESSON TIME!** Parent should wait outside of building or return in 40 to 45 minutes to pick up child/children.
2. **PARENT WILL BE ALLOWED TO WATCH LESSONS ON THE LAST DAY!**
Video tape/pictures allowed on the last day. No unsupervised siblings on this day!
3. 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!**
4. **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, but please be prepared to return to pick-up your child 45 minutes after the scheduled lesson time.
5. **ENTRANCE & EXIT WILL BE through the side glass patio doors (June - August ONLY).**
6. Child should be escorted to the pool at the time of lessons. **DO NOT ENTER POOL AREA UNTIL DESIGNATED CLASS TIME!**
7. Parent **must** assist child with restroom visit prior to beginning of the lesson. **ALL** participants must be **COMPLETELY** potty trained!
8. **No Refunds for no shows, when you continue attendance your child's place in the class is assured.** If you will not be able to make your scheduled session we will attempt to schedule you in one of our other classes. If child misses due to illness (with doctors note), we will do our best to reschedule make-up classes at our convenience.
9. **NO FOOD OR DRINKS (EXCEPT WATER) BROUGHT INTO POOL AREA!!** Water only allowed in plastic containers. Please allow your child one hour prior to lessons to digest his/her food.
10. NO goggles or floatties are to be used for lessons.
11. Bring towel to dry off after lesson, dry shoes and cover-up to leave the area.
12. **NO RUNNING ON POOL DECK!!** NO horse - playing or loud screaming before, during, or after lessons.
13. Be considerate of others using pool area, and respect and follow advice of swimming instructor.
14. Please notify the staff if you have any problems or concerns regarding the lessons, instructors, or the facility. **THANK YOU!!**

Student's Name:

Parent/Guardian Signature / Date:

Parent/Guardian Name (please print):

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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.

Student's Name (please print)

Parent/Guardian's Name (please print)

Parent/Guardian's Signature / Date