



90 Swanson Road, Boxborough, MA 01719 Phone: 978-635-0500 Fax: 978-635-9510

## PRIVATE & SEMI-PRIVATE SWIM LESSON REGISTRATION FORM

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Swim Level: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Swim Level: \_\_\_\_\_ DOB: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

**Cost:** Private - \$50 per lesson, Semi-Private - \$35 per person, per lesson. Lessons are reserved and paid for by the month. Schedule changes must be made 24 hours in advance.

**Cancellation policy:** If we must cancel a class for any reason, you will be notified as soon as possible and we will be responsible for a make-up class. If you miss a private or semi-private class without 24-hour notice, there will be no make-up class. With 24-hour notice, private and semi-private lessons will be re-scheduled on a space available basis. Under no circumstances will Swymfit issue a cash refund.

**INITIAL:** \_\_\_\_\_

**Liability Waiver:** By signing below, I Parent/Guardian of the registered swimmer recognize the inherent risks of swimming. These include, but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury including drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release Swymfit, the Harvard Ridge Fitness Center, its employees, agents and entities there of from any direct or consequential injuries that may result from participating in the swimming program or being present on the premises. I also agree to enforce standard pool safety rules while my child is going to and from the swimming pool and while using the locker rooms. I also agree to take sole responsibility for siblings, friends or other guests who accompany my child to class. Pool safety rules are posted in the pool area and are additionally available on request. **We do not have a lifeguard on duty. I understand that it is my responsibility to watch my children, siblings, friends and other guests at all times.** INITIAL \_\_\_\_\_

By signing below, I (Parent/Guardian of the registered swimmer) confirm that I have read and understood both the cancellation policy and the liability waiver.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Weeks Enrolled: \_\_\_\_\_ Private: \_\_\_\_\_ Semi-Private: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Total Payment: \_\_\_\_\_ Payment Type: \_\_\_\_\_