

Private Swim Lessons Inquiry

Participant

Last: _____ Middle: _____ First: _____ Gender: M F

Birth Date: ____/____/____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Parent/Guardian

Last: _____ First: _____ Lives w/ child: Yes No

Phone: (____) _____ Email: _____

Mt. Park Membership Status **Mt. Park Member** **Non-Member**

How did you hear about us? _____

Special Concerns: Does the participant have any special needs that we should know about, to help them become more successful in our programs?

What day(s) of the week are you normally available to meet with an instructor?

***Please Note:** Not all times are available. Times of lessons will be based upon availability of the pool and the instructor*

Please allow up to 2 weeks for scheduling

- | | | |
|---|---|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 6am-7am | <input type="checkbox"/> 1pm-2pm |
| <input type="checkbox"/> Monday | <input type="checkbox"/> 7am-8am | <input type="checkbox"/> 2pm-3pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 8am-9am | <input type="checkbox"/> 3pm-4pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 9am-10am | <input type="checkbox"/> 4pm-5pm |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 10am-11am | <input type="checkbox"/> 5pm-6pm |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 11am-12pm | <input type="checkbox"/> 6pm-7pm |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 12pm-1pm | <input type="checkbox"/> 7pm-8pm |

Preferable start date? _____

What swimming level is your child: **Beginner** **Intermediate** **Advanced**

Name a specific swim instructor you would like (if you are unsure, please leave blank): _____

Would you prefer a male or female instructor? **Male** **Female** **No preference**

What are your swimming goals? _____

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Important information about private lessons

Please initial each line

_____ A Swim instructor will call to confirm this information and set up lesson times once we have received your registration form.

_____ Please be aware that times are assigned on a first-come-first-served basis and we cannot guarantee the lesson time you choose will be available. However, we'll do our best to accommodate you as much as we can.

_____ **Non-members:** children are only allowed in the pool or hot tub while swimming with instructor.

_____ Children under 10 years of age must be supervised by a responsible person at all time.

_____ A responsible person must stay on premises during the whole duration of lesson.

_____ **Locker Rooms:** Only children 5 and under in opposite gender locker rooms please. There are two (2) single stall changing rooms in the hallway between the men's and women's locker rooms.

_____ The participant is expected to be punctual and understand that the instructor may have appointments immediately preceding or following their appointment. The instructor is not obligated to stay past the allotted time scheduled for the appointment.

_____ **No-shows or cancellations received less than Twelve (12) hours before a scheduled appointment will be charged to the client.**

Refund/ Cancellation Policy:

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- A complete refund will be given if written notification of cancellation is given at least two weeks prior to the start of the program
- No refund will be given if the participant leaves a program early for any reason; if a participant cancels within two weeks of the start of the program; given if a participant does not show up for the program
- Refunds will be given for medical or death with the proper paperwork provided to Mt. Park. Once paperwork is given to Mt. Park, the refund will then go forward with processing.
- No refund will be given for any reason after 3 months post purchase of item, event or program.
- Group swim lessons, camp or month long programs require a 2 week cancellation notice prior to start date.

Waiver

In participating in all recreational programs and events sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accidents resulting in bodily harm arising out of those activities. I acknowledge that my child has the physical capacity reasonably necessary to engage in recreation activity for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in their behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation

Commitment Agreement

I understand that it is the participant's responsibility to follow instructions, behave positively, and be an active member of all program activities. I understand and support the commitment that the participant has made in choosing to attend programming.

Make Up Policy

There are no make-ups allowed. If a swimmer has a serious illness or injury, all efforts will be made to reschedule their class depending on instructor availability. No refunds or reschedules will be given for no shows.

Signature: _____ Date: _____