

Mountain Park HOA
Official Use Only
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MOUNTAIN PARK
AQUATICS
PRIVATE SWIM LESSON
REQUEST FORM

Child's Name _____ Female Male Other Birthday: ___/___/___
FIRST LAST

Parent/Guardian's Name _____ Phone #: _____ Member: Y N
FIRST LAST

Address: _____
STREET CITY STATE ZIP CODE

E-Mail: _____ Preferred Method of Communication: Call Text E-Mail

What is your child's current swimming level? Beginner Intermediate Advanced

Special Concerns: Does the participant have any special needs that we should know about to help them be successful in our program?

AVAILABILITY

What time of day are you normally available for swim lessons?

Morning

Afternoon

Preferable Start Date: ___/___/_____

TERMS & CONDITIONS

Lesson Confirmation: A swim instructor will contact you to confirm this information and set up lesson times once we have received your registration form.	_____ (Initial)
Non-Members: Non-Members are only to be in the pool for their scheduled lesson and not to free swim afterward.	_____ (Initial)
Availability: 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.	_____ (Initial)
Responsibility: Children under the age of 10 must always be supervised by a responsible person. A responsible person 14 years or older must stay on the premises during the whole duration of the lesson.	_____ (Initial)
Locker Rooms: Locker rooms are closed. Please use the family changing rooms in the hallway between the locker rooms.	_____ (Initial)
Punctuality: 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.	_____ (Initial)
No-Shows: No-shows or cancellations received less than Twelve (12) hours prior to a scheduled appointment will be charged to the client. No refunds or reschedules will be given for no-shows.	_____ (Initial)
Make-Up Policy: There are no make-up sessions allowed. If a swimmer has a serious illness or injury, all efforts will be made to reschedule depending on instructor availability.	_____ (Initial)
Commitment: I understand that it is the participant's responsibility to follow instructions, behave positively, and be an active member of all program activities. I support the commitment that the participant has made in choosing to attend programming.	_____ (Initial)

REFUND/CANCELLATION POLICY

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- No make ups or refunds.
- We reserve the right to make any changes to the schedule at any time up to and during a session.

WAIVER

In participating in all programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I understand that the activities are planned with the safety of the participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the activities 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 on 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 programs.

****I have read the above statements and understand the contents****

Parent/Guardian Signature: _____ Date: ____/____/____

By typing my name, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

In participating in Semi-Private 2-1 and 3-1 lessons, I hereby accept the risk of engaging with the instructor during a swim lesson. I acknowledge that the instructor will wear a face shield in the pool and that at least one caregiver will be in the pool to act as an aid to the lesson. I understand that the caregiver may choose to wear a face shield while in the pool as well.

****I have read the above statements and understand the contents****

Parent/Guardian Signature: _____ Date: ____/____/____

By typing my name, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.