

Welcome to the Mountain Park HOA Adult Swimming Lesson Program -

We are so excited you have made the decision to pursue your fitness goals with the support of one of our Private Swim Instructors at Mountain Park.

You will find everything you will need to get started with your Swim Instructor included in this packet. Please complete all of the forms attached at your earliest convenience. While it is helpful for your Swim Instructor to have as much information as possible, in order to develop a personal program tailored to your specific needs, you are not under any obligation to provide information you do not feel comfortable sharing. As soon as they have been completed, return them to the Aquatics Coordinator at the Clubhouse at Mountain Park.

Once we have your paperwork, you can expect to be contacted by your Swim Instructor within ten business days to arrange your first swimming lesson, and to determine which swim lesson package will align best with your goals.

If you have any questions or concerns, please do not hesitate to contact the Mountain Park Aquatics Coordinator at 971-377-7743.

We are so happy to be a part of your fitness journey!

Thank you—

Mountain Park Aquatics Coordinator



Private Lesson Session

Availability

Participant

Name_____ Member: o Y o N

E-Mail Address: Preferred Phone Number:

What is your preferred form of contact?

Text
E-Mail
Phone

Are you purchasing sessions today? □ Yes □ No

AVAILABILITY

What day(s) and time(s) of the week are you normally available to meet with a swim instructor?

Please x-out all of your available times to best fit you with a swim instructor

Time	Tuesday	Thursday	Time	Saturday
2:30			8:30	
3:00			9:00	
3:30			9:30	
4:00			10:00	
4:30			10:30	
5:00			11:00	
5:30			11:30	
6:00			12:00	

RATES

1 Lesson—

5 Lessons—

Member: \$40 Non-Member: \$45



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Participant Name:						
	First		Last			
Address:						
Street		City	State	Zip	Code	
Phone Number:				Type:	O _{Home} O Cell	
Client Agreement					O Work	

In consideration of my being able to participate in the Mountain Park Swim Lesson Program, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and aquatics policies and procedures.

I understand that the program is voluntary and that a Swim Instructor will develop and guide me through my program. I will be required to undergo a swim test to assess my present skill level. I represent that I will complete the Lifestyle Questionnaire and any other health history form accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition, or medical limitations should change, I will notify the Instructor. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that an Instructor will review my Lifestyle Questionnaire and any other health history form but that an Instructor is not a physician and cannot replace the advice and expertise of a physician.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Instructor of any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program including but not limited to swimming, use of swim equipment and strenuous exertion all of which increase heart rate and body temperature.

I understand that swimming involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I here-by expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. I AGREE AND UNDERSTAND. INITIAL HERE _____

I do hereby waive, release and forever discharge to Mountain Park Home Owners Association from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, swimming or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above. I AGREE AND UNDER-STAND. INITIAL HERE.

Private Swim Lesson Policies and Procedures

- Package sessions are non-refundable.
- Package sessions must be paid in full and are scheduled at the time of sign-up.
- Package sessions must be used within six months of the purchase date.
- Client must give 24 hours advanced notice, less than 24 hours or a no-show will result in a charge to the package session. I AGREE AND UNDERSTAND. INITIAL HERE
- Lifestyle Questionnaire, Par-Q (if applicable), Physician Approval (if applicable), and Private Lesson Agreement must be completed, signed, and on file prior to the beginning of the first session.
- Swim lesson sessions will begin promptly at the time specified by the client and trainer and end 25 minutes from that specified time. I AGREE AND UNDERSTAND. INITIAL HERE

Waiver

I declare that I have read, understand and agree to the contents of this Private Swim Lesson Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Swim Instruction Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Oregon and agree that if any portion is held invalid, the remainder will continue in full force and effect.

In participating in all private swim lesson 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 further acknowledge that I have the physical capacity reasonably necessary to engage in these activities for which I have enrolled. In case of emergency, accident, or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I give permission to Mountain Park Home Owners Association Staff to release any records necessary for insurance purposes and to health care providers; and provide or arrange necessary related transportation. I agree to be the party responsible for all medical expenses which are incurred in my 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. This completed form may be photocopied.

I understand and agree to the contents above

Participant Name (Printed)

Participant Signature

MOUNTAIN PARK AQUATICS

Health History Questionnaire

Name:							
Address:							
Phone:					Email:		
Birthdate	:	/	/	Age:		Gender:	

Please mark all conditions you currently have or have had in the past:

Heart Attack	🗆 Anemia	Swelling or joints	Stomach problems
🗆 Asthma	Thyroid condition	Recent surgery (last 12	Limited range of motion
	Stroke	months)	🗆 Arthritis
Heart murmur	Chest discomfort	Epilepsy	History of heart problems
Trouble sleeping	Image: Migraine or headache	Anxiety or depression	(immediate family)
Back problems	Neck problems	🗆 Fatigue	
Broken bones	Shortness of breath	🗆 Hernia	

Please explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

• Do you have any injuries or orthopedic problems (bursitis, bad back, etc.)? Yes or No

If yes, please explain:

Are there any other medical conditions or problems (past or present) not previously mentioned in this form that we should know about, or that may affect your ability to begin an exercise program? (Yes/No) If yes, please explain:

Exercise History & Goals - Check which apply:

o I currently exercise.

o I do not currently exercise and have never exercised regularly in the past

o I used to be active but am not anymore. I would like to become active again.

If you do currently exercise, list those activities in which you participate and how much time you spend per week.

If you do not currently exercise, why not? (perceived barriers, unsure of what to do, etc.)

List any exercise, sport, or recreation activities in which you have participated:

- a. In the past 6 months:
- b. b. In the past 5 years: ______

How hard would you like to be pushed during swim lessons (1 = easy 5 = hard):

1 2 3 4 5

Please rate how important each of the following are to your private swim lesson goals on a scale of 1-10 (1 being unimportant and 10 being the most important):

Increasing Breath Control	Learn or improve Flip turns			
Learn basic swim skills	Learn or improve dive starts			
Learn or improve Breaststroke	Improve Swim Endurance			
Learn or improve Freestyle	Improve Swim Speed			
Learn or improve Backstroke	Body fat/weight loss			
Learn or improve Butterfly	Enjoyment			
Increase Energy	Decrease Stress			
Social Interaction				
What are your swimming and fitness goals for the next:				
6 months:				

1 year: