

## PRIVATE SWIM LESSON REGISTRATION AND AGREEMENT

Parent Name:			Member Guest Date of Birth:			
Child name:		Circle: M or F	Age:	Date of Birth:_	Date of Birth:	
Child name:		Circle: M or F	Age:	Date of Birth:_		
Child name:		Circle: M or F	Age:	Date of Birth:_		
Address:				Email:		
City:	Zip:		Phone #:		Cell#	
lesson. The lessons instructor.  • We ask that you UNEXCUSED ABSENCE  • Failure to give emergency. The Arriving late 15 finished at the PURCHASED LESSONS.	cancellation must soon must be reschour child not be in S – redeemed as a a four (4) hour not ne lesson is not resominutes or more escheduled ending	be received we need uled withing the pool with lesson. In the scheduled of the scheduled of the scheduled of time.	in 24hrs of vol cancellation, walled lesson. If	xpiration period we miting, diarrhea ou with exception of an increase.	r a fever of 101+ n lesson is	
BREAKDOWN OF COST	rs – based on 6 les	sons.				
Member: Non-Member:	1 child = \$180.00	2 child	ren = \$204.00 ren = \$228.00		ren = \$240.00 ren = \$264.00	
I accept full responsible facility privileges or se hold harmless this Cerfor any and all loss claresulting from this productional Comments (	rvices whatsoever nter, its shareholde im, injury, damage ogram. Parent/Gua	, owned and o ers, directors, e, or liability so ardian must re	operated by the officers, empleustained or incertained or incertain in build	he UH Avon Fitnes loyees, and repres curred by myself/ ling.	s Center. I shall entative agents	
Starting Date:		Day:		Time:	am/pm	
I/Parent (or guardian)	have read, underst	and, and cons	ent to the abo	ve agreement.		

Participant/Parent Signature:\_\_\_\_\_\_Date:\_\_\_\_\_