



Swim Lesson Registration - 2010 Winter

Jan 4 - Mar 28 (12 weeks)

Current Swimmer: The names, phone, level and time only.
 New Swimmer: All Fields Required.
 Last Enrollment (mm/yy): _____
 Returning Swimmer: All Fields Required

Swimmer	Name (First then Last)	Sex	Birthday	Swim Level	Home Address
#1					
#2					
#3					
Parent Name		Home Phone		Daytime Phone	
				cell / work	
Email Address					

Class Selection & Payment: ~~~~~ All Fields Required ~~~~~

Youth Class	Lesson Day Selection(s)	Starting Time *	Tuition & Fee
<input type="checkbox"/> Bubbler <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Competitive <input type="checkbox"/> Racer <input type="checkbox"/> Elite	<input type="checkbox"/> Monday (3pm - 8pm) <input type="checkbox"/> Tuesday (3pm - 8pm) <input type="checkbox"/> Wednesday (3pm - 8pm) <input type="checkbox"/> Thursday (3pm - 8pm) <input type="checkbox"/> Friday (3pm - 8pm) <input type="checkbox"/> Saturday (10a-12n, 1-8p) <input type="checkbox"/> Sunday (8a-12n, 1-7p) <input type="checkbox"/> Elite Tue & Fri, 6pm Only	1 st choice:	Annual Registration Fee: \$25 <input type="checkbox"/> \$25 x _____ = \$ _____
		2 nd choice:	<input type="checkbox"/> \$222 x _____ x _____ = \$ _____ <i>(Once a week, # of Swimmers, # of Lessons/wk)</i>
		-NO LESSON DATE- Monday 2/15	<input type="checkbox"/> \$204 x _____ = \$ _____ <i>(Monday ONLY, # of Swimmers)</i>
Adult Class	Adult Lesson Day/Time(s)	Office Use Only	
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Monday (7pm) <input type="checkbox"/> Tuesday (9-11a) <input type="checkbox"/> Thursday (9-11a) <input type="checkbox"/> Friday (3pm) <input type="checkbox"/> Saturday (1pm) <input type="checkbox"/> Sunday (1p, 4p-6p)	<input type="checkbox"/> Cash <input type="checkbox"/> CHK <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit # _____ Amt Pd: \$ _____ Rec'd by: _____	Multi-Lesson Disc: <input type="checkbox"/> \$10 x _____ = - \$ _____ <i>(# of classes over once a week per swimmer)</i>
			Member Disc: <input type="checkbox"/> 10% off x _____ = - \$ _____ <i>(Off the tuition w/ membership sustained thru 03/31)</i>
			Total Amount: \$ _____

*Duration: 30min for all Bubbler classes (ratio 1:4), and all higher level classes will be one hour long.
 *Select your preferred lesson starting time: e.g. 3pm, 4pm, 1pm, 10am, or 11:30am on half hour interval for Bubbler.
 *Tuition includes \$6 insurance, processing and handling fee per swimmer, which is also applicable to mid-session drop-ins.

Please return this form (including full payment) to CALPHIN:
34075 Fremont Blvd, Fremont, CA 94555

Club Policy:

The registration minimum is 4 students for all levels of swim lessons (2 for Bubbler /30min lesson). The Calphin Aquatic Club will make every effort to optimize by combining adjacent levels or rescheduling classes with low enrollment. Please be aware that your requested class may be cancelled if enrollment is low and in that case a credit or refund will be issued at this time.

- No Makeup/Refund/Cancellation after 1st day of the classes.
- Self Practice will be available for any other missed classes.
- If classes are cancelled due to pool maintenance, make-up classes will be issued, but no refund or credit.
- Bounced check subjected to \$25 charge.
- First time rescheduling class is free in each session, but there is \$20 processing fee for 2nd and the following class reschedule or transfer requests.

By signing the form below, I certify the above provided information is correct and the swimmer is in good health to swim in chlorinated water. I also confirm that we have received, understood, and will comply with all the safety rules and club policy (see website www.Calphin.com for complete policy) established by Calphin Aquatic Club or CAC (formally known as California Dolphin Swim School). We understand and assume all incidental risks involved in swimming and its facility. In case of injury to the swimmer, we do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations, CAC, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

 X

Parent or Legal Guardian Signature

 X

Date