CALPHIN Aquatic Club

*Fremont - Indoor*

# Swim Lesson Registration – 2010 Spring

## Mar 29 – Jun 20 (12 weeks)

☐ **Current Swimmer** *(name/email/level)* ☐ **New Swimmer** *(all fields required)* ☐ **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 | *Email Address* |
|---|---|---|---|
| | | cell / work | |

**Please list any medical conditions the swimmer(s) has** *(i.e. asthma, diabetes, epilepsy/seizures, allergies, skin conditions)*:

_____

_____ (All information disclosed to Calphin will remain confidential)

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

| Youth Class | Lesson Day Selection(s) | Starting Time * | Tuition & Fee |
|---|---|---|---|
| ☐ Bubbler<br>☐ Beginner<br>☐ Intermediate<br>☐ Advanced<br>☐ Competitive<br>☐ Racer<br>☐ Elite | ☐ Monday (3pm – 8pm)<br>☐ Tuesday (3pm – 8pm)<br>☐ Wednesday (3pm – 8pm)<br>☐ Thursday (3pm – 8pm)<br>☐ Friday (3pm – 8pm)<br>☐ Saturday (9a-12n,1-8p)<br>☐ Sunday (8a-12n, 1-7p).<br>☐ Elite Tue & Fri, 6pm Only | 1st choice:<br>2nd choice:<br>**~NO LESSON DATE~**<br>**Monday 5/31** | *Annual Registration Fee: $25*<br>☐ $25 x _____ = $_____<br>☐ $222 x ____ x ____ = $_____<br>*(Once a week, # of Swimmers, # of Lessons/wk)*<br>☐ $204 x ____ = $_____<br>*(Monday ONLY, # of Swimmers)* |
| **Adult Class** | **Adult Lesson Day/Time(s)** | **Office Use Only** | Multi-Lesson Disc: ☐ $10 x ___ = - $_____<br>*(# of classes over once a week per swimmer)*<br>Member Disc: ☐ 10% off = - $____ **ID#**_____<br>*(Off the tuition w/ membership sustained thru 03/31)* |
| ☐ Beginner<br>☐ Intermediate<br>☐ Advanced | ☐ Monday (7pm)<br>☐ Tuesday (9-11a)<br>☐ Thursday (9-11a)<br>☐ Friday (3pm)<br>☐ Saturday (1pm)<br>☐ Sunday (1p,4p-6p) | ☐Cash ☐CHK ☐Visa<br>☐MasterCard ☐Debit<br>#_____ Amt Pd: $_____<br>Rec'd by: _____ | **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.

## 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 classes. Cancellations after 1st day of classes are subject to $20 fee. Registration fee is non-refundable after the first day of class.
- Self Practice will be available for any other missed classes (Self Practice is Wednesday 8p-9p and Sunday 12n-1p).
- If classes are cancelled due to pool maintenance, class credit will be issued, but no make up classes.
- First time rescheduling class is free in each session. There is a $20 fee for changing class schedule after the 1st reschedule.
- Bounced check subjected to $25 charge.

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 (CALPHIIN) (formally known as California Dolphin Swim School). I, the undersigned, understand and assume all incidental risks involved in swimming and its facility, and agree that CALPHIN cannot be held accountable for any knowledge of any medical conditions of any swimmer mentioned above that is not listed and communicated above. In case of injury to the swimmer I, the undersigned, do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations, CALPHIN, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

X_____ X_____

Parent or Legal Guardian Signature Date