

FALL 2013

Pre-Bubbler, Youth, Teen, & Adult Group Lessons

Once(or more)-a-week for 15 weeks

Monday-Friday 3pm-8pm
 Saturday 7am-12n, 1pm-7pm
 Sunday 7am-12n, 1pm-7pm

Class Major Level	Abbreviation	Class Length
Pre-Bubbler	PRE-BUB	30 Minutes
Bubbler	BUB	30 Minutes
Crawler	CRL	45 Minutes
Glider	GLD	45 Minutes
Sprinter	SPR	60 Minutes
Racer	RCR	60 Minutes
Challenger	CHL	60 Minutes
Master	MST	60 Minutes
Elite	ELT	60 Minutes
Teen	TEEN	60 Minutes
Adult	ADT	60 Minutes

The following is some **sample** start times for PACED program (*Actual class time may vary depend on demand and class placement*):

30 Minute Class PRE-BUB / BUB	45 Minute Class CRL / GLD	60 Minute Class SPR / RCR / CHL / MST
Mon-Fri 3:00pm-3:30pm	Mon-Fri 3:15pm-4:00pm	Mon-Fri 3:00pm-4:00pm
Mon-Fri 3:30pm-4:00pm	Mon-Fri 4:00pm-4:45pm	Mon-Fri 4:00pm-5:00pm
Mon-Fri 4:00pm-4:30pm	Mon-Fri 4:45pm-5:30pm	Mon-Fri 5:00pm-6:00pm
Mon-Fri 4:30pm-5:00pm	Mon-Fri 5:30pm-6:15pm	Mon-Fri 6:00pm-7:00pm
Mon-Fri 5:00pm-5:30pm	Mon-Fri 6:30pm-7:15pm	Mon-Fri 7:00pm-8:00pm
Mon-Fri 5:30pm-6:00pm	Mon-Fri 7:15pm-8:00pm	X
Mon-Fri 6:00pm-6:30pm	X	X
Mon-Fri 6:30pm-7:00pm	X	X
Mon-Fri 7:00pm-7:30pm	X	X
Mon-Fri 7:30pm-8:00pm	X	X
Saturday & Sunday Classes: 7am – 12noon, 1pm – 7pm		

Top 4 CALPHIN Tips:

- Please allow ONE HOUR between your child's class and their last meal/snack.
- Please have your child use or at least attempt to use the restroom before class.
- The showers are for RINSE ONLY. Shampoos, conditioners and soaps are NOT ALLOWED.
- There are NO makeup classes or refund for missed classes. Credit will be provided only with a doctor's note.

Step 1 Fill Out Swimmer & Personal Information New Swimmer (*New to Calphin*)
 Current Swimmer (*Swimming at Calphin Now*) Returning Swimmer (*Swam at Calphin Before*)

	Name (First then Last)	Sex	DOB (MM/DD/YY)	Swim Level
#1				
#2				
#3				
Parent Contact Name (first & last)		Home Address		
Parent Cell Phone Number				
Home Phone Number				
Email Address - REQUIRED				

For safety of swimmers, please list medical conditions/disabilities the above swimmer(s) has (*i.e. asthma, diabetes, epilepsy/seizures, ADD/HD, etc.*). This will help CALPHIN staff better assist you/your child(ren) in case of an emergency:

(All information disclosed to Calphin will remain confidential)

#2 Select Your Preferred Swim Schedule Check Age Group and fill in the class start day/time choices (see the class time table to the left for CRL/GLD start times).

Class (Age) Group	Day Selection	Preferred Day/Time
<input type="checkbox"/> Pre-Bubbler (2.5 – 5 yo) Available All Days	<input type="checkbox"/> Monday (3pm - 8pm)	1 st Choice:
<input type="checkbox"/> Youth :: BUB - MST Available All Days	<input type="checkbox"/> Tuesday (3pm - 8pm)	2 nd Choice:
<input type="checkbox"/> Teen (10 yo+ @ BUB/CRL) Sa7:45a,8a,1p; Su1p	<input type="checkbox"/> Wednesday (3pm - 8pm)	
<input type="checkbox"/> Adult :: BEG, INT, ADV M7:15, W7:15, Sa7a, Sa8a, Su7a, Su8a, Su5, Su6	<input type="checkbox"/> Thursday (3pm - 8pm)	3 rd Choice:
<input type="checkbox"/> Elite Jr (7-10yo) Tu5, Th5	<input type="checkbox"/> Friday (3pm - 8pm)	
<input type="checkbox"/> Elite Sr (11-15yo) Tu6, Th6	<input type="checkbox"/> Saturday (7a-12n, 1-7p)	
	<input type="checkbox"/> Sunday (7a-12n, 1-7p)	

Note: If you have a current swimmer without a "proposed swim level", register the child(ren) for the current level. If your child is borderline a new level with a different time length (like BUB3 to CRL1 or GLD3 to SPR1) then give time choices for both levels (i.e.9:30 am BUB & 9:45am CRL).

Step 3 Tuition, Fees, and Payment

PRE-BUB, BUB, CRL, GLD	SPR, RCR, CHL, MST, ELT, TEEN, ADT
\$276 (\$18/class)	\$306 (\$20/class)
Monday OR Thursday ONLY: \$258 (\$18/class)	Monday OR Thursday ONLY: \$286 (\$20/class)
Due to Holidays 9/2/2013, 11/28/2013	Due to Holidays 9/2/2013, 11/28/2013

Tuition & Fee (Office Use Only)

Annual Registration Fee: \$25 <input type="checkbox"/> \$25 x _____ = \$ _____	No Class Mon, 9/2; Thu, 11/28
PRE-BUB, BUB, CRL, GLD Tuition: <input type="checkbox"/> \$276 x _____ x _____ = \$ _____ <input type="checkbox"/> \$258 x _____ x _____ = \$ _____ (Monday OR Thursday ONLY – No Class 9/2, 11/28) (Tuition x number of swimmers x times/week)	PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> CHK # _____ <input type="checkbox"/> Visa # _____ <input type="checkbox"/> MC # _____ <input type="checkbox"/> Debit # _____ <input type="checkbox"/> CLUBCR Amt: _____ <input type="checkbox"/> Proration Amt: _____ <input type="checkbox"/> Coupon Amt: _____ Amt Pd: \$ _____ Rec'd by: _____ \$ on ICP: _____ STAFF COMMENTS:
SPR, RCR, CHL, MST, ELT, Teen, ADT Tuition: <input type="checkbox"/> \$306 x _____ x _____ = \$ _____ <input type="checkbox"/> \$286 x _____ x _____ = \$ _____ (Monday OR Thursday ONLY – No Class 9/2, 11/28) (Tuition x number of swimmers x times/week)	
DISCOUNTS/PRORATIONS:: <input type="checkbox"/> Member Disc: ID# _____ 10% off = - \$ _____ <i>(Off the tuition ONLY w/ membership sustained thru end of session)</i> <input type="checkbox"/> Family Member Discount \$10 x _____ = - \$ _____ (# of additional family member(s) to swimmer #1) <input type="checkbox"/> Multi-Lesson Discount \$10 x _____ = - \$ _____ (# of classes over once per week per swimmer)	
Total Amount Due: \$ _____	

Additional Payment

<input type="checkbox"/> Date/ Initial: _____ Reason for payment : _____ Calculation: _____ Amount/Method: _____ ICP \$: _____ ICP charge: _____
<input type="checkbox"/> Date/ Initial: _____ Reason for payment : _____ Calculation: _____ Amount/Method: _____ ICP \$: _____ ICP charge: _____

Note: Tuition includes \$6 processing and handling fee per swimmer per class session, which is also applicable to mid-session drop-ins. If your child's level changes causing a price adjustment you will be contacted and the rate adjustment will be collected before or on the first day of class.

Step 5 Read, Initial, Sign and Date

As a swimmer (or parent of), I have been consulted in regards to mine (or my child's) swim level & mentioned health condition(s). I am aware that adjustments might be made on/after the first lesson to place the swimmer into a swim class that fits best and is the safest. Such adjustments might include a **change in level, day, or time of schedule.** _____ (Initials)

I give Calphin Aquatic Club full permission to take pictures/videos of my child(ren) listed above for marketing only purposes. I understand that the pictures taken will be used by Calphin Aquatic Club only and will not be distributed to other parties. _____ (Initials)

Club Policy (Please read before signing):

The registration minimum to open a class 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.

- **No Makeup classes.** Cancellations on and after **Aug 31st** are subject to **\$30/swimmer/class** fee. Registration fee is non-refundable if cancelled on and after **Aug 31st**. Cash payments will be refunded by check.
- Self-Practice will be available for any other missed classes (Self Practice is Wednesday 8p-9p and Sunday 12n-1p). Self-Practice times are only permitted for currently enrolled students.
- **If a class is missed per the request of a doctor then a doctor's note must be submitted within two weeks of first missed class to receive credit towards immediately following session.** (Examinations, check-ups, dental hygiene appointments do NOT count as excused absences and self-practice will be issued)
- Tuition must be paid in full before attending the first class. Failure to make payment on time will result in \$20 late fee after the second class.
- Only self-practice will be issued for classes missed due to female menstruation.
- If your child's level changes causing a price adjustment you will be contacted and the rate adjustment will be collected on or before the first day of class.
- If classes are cancelled due to pool maintenance or accidents, class credit or self-practice will be issued, but no make-up classes.
- First time change of class schedule is free but permanent for each session. There is a \$20 fee for changing class schedule after the 1st reschedule.
- Bounced check subjected to \$25 charge.
- **Pictures are not allowed** until the last day of class. **No videos** are allowed at any time.

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 (CALPHIN) (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
Parent or Legal Guardian Signature

X
Date

Office Use ONLY

(Date/ Initial) Roster _____ Double Check _____ ICP _____

Date Stamp _____