



January



Private Swim Lesson Registration Form

Participant Name: _____

Parent Name (if a minor): _____

Participant Age: _____ Gender: _____

Email Address (REQUIRED): _____

Primary Phone Number: _____

Emergency Contact Name (Other than Parent): _____

Contact Phone # _____

Please circle one of the categories listed that best describes the swimming ability of the participant:

Swim School

White/Red (Beginner)

Yellow/Blue (Intermediate)

Green (Advanced)

OR

Stroke School

White/Red (Freestyle/Backstroke)

Yellow/Blue (Butterfly/Breaststroke)

Green (Endurance Swimmer)

Has the participant had previous swim lessons here or at another pool? Y / N

Does the participant have a fear of water? Y / N

January

Swim Lesson Schedule

Day: Select ONLY one day Time: Select ONLY one range

Monday January 7, 14 & 28		4:00-6:00PM	6:00-8:00PM
Tuesdays January 8, 15, & 22		4:00-6:00PM	6:00-8:00PM
Wednesday January 2, 9, 16 & 23	9:00AM- 12:00PM	4:00-6:00PM	6:00-8:00PM
Thursday January 3, 10, 17 & 24		4:00-6:00PM	6:00-8:00PM
Friday January 4, 11, 18 & 25	9:00AM- 12:00PM	4:00-6:00PM	6:00-8:00PM
Saturday January 5, 12, 19 & 26	12:00-3:00PM		

Total Due: _____ **Lesson Day /Time:** _____ **Office Initial:** _____

PLEASE READ

- I understand that CCAC requires all parents/caregivers to remain at the pool during a child's swim lessons.
- I understand that registering and payment reserves a spot in the swim lesson program. Space is limited and instructors have been scheduled.
- I understand if I am late to my lesson, I will receive only the remaining time left of my scheduled lesson.
- I understand missed lessons WILL NOT be made up.
- I understand if the pool closes I will be contacted as soon as possible to reschedule my lesson.
- I understand payment is required at the time of registration to secure my private swim lessons. Therefore registrations must be made with the understanding that only extraordinary cases will have refunds be considered. Credits are no longer issued.**
- I understand CCAC swim lessons are very popular with a waiting list. Please know that if you do not attend the lessons, you are taking the space from another individual wanting to learn to swim. **For that reason, once the swim lesson registration has been closed, NO REFUNDS, NO CREDITS and NO TRANSFERS will be granted.**
- I understand that I and/or my child may be photographed and/or filmed while participating in CCAC programs and that the photographs or video images may appear in marketing or educational materials.
- I agree to assume all liability for my child/children while attending any program managed by the Chatham County Aquatic Center. I further agree to hold harmless the Chatham County Aquatic or any of its officers, agents, employees or assigns for any complications or injury that may result to my child/children or to me while at the Chatham County Aquatic Center.
- I understand that The Chatham County Aquatic Center reserves the right to cancel any program and to change fees where applicable.
- I agree to adhere to Chatham County Aquatic Center pool rules, policies and procedures.
- I acknowledge that I have received the fact sheet on the nature and risk of concussions and head injuries.

Private lesson package: 4 swim lessons (30 minutes)

1 student \$80.00
 2 students \$112.00
 3 students \$136.00

Print Name _____

Sign Name _____ Date _____

REGISTRATION CONFIRMATION (Completed by Front Desk)

Date _____ Sold by _____ Receipt # _____