

Summer 2009 Swim Lesson Registration



55 Fruit Street, FIT
Boston, MA 02114
(617) 726-2900
Fax (617) 726-3131
www.clubsatcrp.com

PRIVATE LESSONS

The Clubs at Charles River Park offers private and semi-private lessons for children and adults. Please contact Katie Morgis at kmorgis@partners.org.

Name: _____ Birth Date: _____ Age: _____ Swim level (circle one): Non-swimmer Beginner Advanced

SWIM LEVEL DESCRIPTIONS:

Non-swimmer: Never had lessons, feels uncomfortable in the water. **Beginner:** Has taken some lessons, can float on own. **Advanced:** Can swim underwater, knows some basic strokes.

Swim lesson history (include levels, if possible): _____

() Private Lesson () Semi-Private Lesson

Days and Times available: _____

Swim Instructor: _____

Parent/Guardian(s): _____ Address: _____
No. Street Apt. No. City State Zip

Member () Non-Member ()

Home phone: _____ Work phone: _____ E-mail: _____

Medical Issues/Limitations/Restrictions: _____

Other Comments: _____

SWIM PROGRAM INFORMATION/POLICIES

- All lessons are 30 minutes in length.
- To insure placement, payment in full must accompany this registration form.
- Non-members have access to the pool only during scheduled lesson time.
- 24 hour cancellation notice is required for private and semi-private lessons or lesson will be charged.
- There are no refunds for any missed lessons.
- Children should wear rubber pants over a swim diaper.
- Failure to abide by these policies will result in forfeit of lessons with no refund.

PRIVATE SWIM LESSONS (circle one) MEMBER NON-MEMBER

Single Lesson	\$34	\$45
Five Session Package	\$155	\$200
Ten Session Package	\$280	\$370

SEMI-PRIVATE SWIM LESSONS (Two children per lesson – price per student)

Single Lesson	\$23	\$28
Five Session Package	\$105	\$130
Ten Session Package	\$190	\$250

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of The Clubs at Charles River Park. In consideration of being allowed to participate in the activities and programs of The Clubs at Charles River Park and to use its facilities, equipment, machinery in addition to the payments of any fee or charge, I do hereby waive, release, and forever discharge the Clubs at Charles River Park and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities of liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of, or connected with my participation in any activities of The Clubs of Charles River Park or the use of any equipment at The Clubs at Charles River Park.

Signature (parent or guardian) _____

Date _____

OFFICE USE ONLY:

Member: Private or Semi-Private # _____ Non Member: Private or Semi-Private # _____

Total Amount Paid: \$ _____ cash check credit Staff Initials: _____ Date Paid: _____

Mailing Address: 55 Fruit Street, FIT, Boston, MA 02114

Location Address: 10 Whittier Place, Boston