

August - Group Swim Lessons

-- MUST be registered and paid the day prior to the start of lessons, or the class will be cancelled--

<u>Class Description</u>	<u>Day/Time</u> (circle one)	<u>Member</u>	<u>Non-Member</u>
Preschool Beginner (Age 3-5) (1:5 instructor to parent/child pair ratio)	Saturdays 9:15-9:55 am Aug 4, 11, 18, 25 (4 classes)	\$40	\$55
	Mon, Wed, Fri 10:40-11:15am Aug 6, 8, 10, 13, 15, 17 (6 classes)	\$60	\$80

A preschool aged beginning level class focused on becoming proficient in the fundamental building blocks of swimming and water safety to include: floating independently, jumping in the water, being submerged and returning to the wall safely, floating on their back, and working on freestyle/front crawl and introduction to backstroke. **Swimmer must be comfortable having their ears submerged while in an assisted back float.**

Beginner (Age 5+) (1:5 instructor to parent/child pair ratio)	Saturdays 10-10:40 am Aug 4, 11, 18, 25 (4 classes)	\$40	\$55
	Mon, Wed, Fri 10-10:35am Aug 6, 8, 10, 13, 15, 17 (6 classes)	\$60	\$80

A beginning level class focused on becoming proficient in the fundamental building blocks of swimming and water safety to include: floating independently, jumping in the water, being submerged and returning to the wall safely, floating on their back, and working on freestyle/front crawl and introduction to backstroke. **Swimmer must be comfortable having their ears submerged while in an assisted back float.**

Preschool Intermediate (Age 3-5) (1:5 instructor to parent/child pair ratio)	Mon, Wed, Fri 10:40-11:15am Aug 6, 8, 10, 13, 15, 17 (6 classes)	\$60	\$80
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A preschool intermediate level class for swimmers who are comfortable floating on their back with minimal to no assistance. Swimmers can jump in and submerge completely and can glide and kick on their front and back a few yard with minimal assistance. * Maybe combined with Preschool Beginner based on the number of swimmers.

Intermediate (Age 5+) (1:7 instructor to parent/child pair ratio)	Saturdays 10-10:40 am Aug 4, 11, 18, 25 (4 classes)	\$40	\$55
	Mon, Wed, Fri 11:20-11:55am Aug 6, 8, 10, 13, 15, 17 (6 classes)	\$60	\$80

An intermediate level class with a focus on freestyle and backstroke. Introduction to breast stroke and butterfly kick. Must be able to keep their head above water for 30 sec and swim alternating arms and legs independently. Must be able to jump in and recover independently.

***Classes must have 5 participants registered in order to hold the class. If there are less than 5, the aquatics staff reserve the right to combine classes with similar goals and abilities or cancel or reschedule the class. No refunds will be given, only credits for future classes or private lessons.**

***Private lessons are available and may be scheduled individually with the instructor for a time that is convenient for you. Please stop by the front desk for more information on purchasing private lessons.**

Swimmer's Information

Member:

Non-Member:

Name: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Home Address: _____ Email Address: _____

Known medical conditions (diagnosed/undiagnosed): _____

Credit/Refund Policy: *No refunds will be given unless documented medical reasons prevent an individual's participation. A credit may be given if Coastal Fitness Center cancels a lesson(s). If the lesson is cancelled or is combined with a similar class and the participant is unable to attend, a credit will be given. Programs cancelled for inclement weather will be made up, if possible, but participants may not receive a credit or a refund. If a credit is issued, the credit is only good for six (6) months from the credit issue date.*

Parent/Guardian Signature: _____ Date: _____

Amount Paid: _____ Cash Credit Card Check Received by: _____

CLASS, DAY, TIME: _____

AQUATICS WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Coastal Fitness Center Aquatics Programs and as consideration for the right to participate in any aquatics activities, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in any aquatics activities, and do hereby release and forever discharge Coastal Fitness Center located at 98 Quarter Horse Lane, Hampstead, North Carolina 28443, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned aquatics activities, including traveling to and from an event related to this aquatics activities

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED AQUATICS ACTIVITY AND I AM PARTICIPATING IN THE AQUATICS ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS AQUATICS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Coastal Fitness Center against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Coastal Fitness Center incurs any of these types of expenses, I agree to reimburse Coastal Fitness Center.

INITIAL HERE: _____

Signature _____ **Date:** _____

Names of Minors (under 18 years old) and ages:
