



# Learn to Swim - Ages 3 and up

## Swimming Lessons Registration Form



202 Manitou Ave. Manitou Springs, CO 80829 (719) 685-9735  
www.manitoupool.com

**SwimAmerica**

Revised 12/23/2010

DAY(S)	TIME 4/45 minute lessons	SESSION DATES	MAKE-UP DAY
Saturday	<b>Option 1:</b> 9:30am - 10:15am <b>Option 2:</b> 10:30am-11:15am	January 9, 16, 23, 30	February 6
	<b>HOUR CHANGE!</b>	Feb.13, 20, 27, Mar.6	March 13
	<b>Option 1:</b> 10am - 10:45am <b>Option 2:</b> 11am-11:45am	Mar. 20, 27, April 3, 10	April 17

Before Deadline Fees:	After Deadline Fees:
<b>Non-Resident:</b> \$37 Each additional child: \$32	<b>Non-Resident:</b> \$42 Each add. child: 37
<b>Resident:</b> \$35 Each add. child: \$30	<b>Resident:</b> \$40 Each add. child: \$35

- Registration deadline is one week prior to the session.
- \*Sign-up for three sessions and get one free children's goggle!
- Members get \$5 off.
- If missed a class sign-up for a make-up day.

### MANITOU POOL LEARN TO SWIM PUBLIC SWIM LESSONS 2010

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Level \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Level \_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Level \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City/Town State Zip \_\_\_\_\_

Day/Work Phone # \_\_\_\_\_ Evening/Home Phone # \_\_\_\_\_

*Does the participant have any medical conditions or take any medications that we need to be aware of to ensure maximum potential of the student? Please include conditions such as, but not limited to ADD, ADHD, autism, etc. If none, please state.* \_\_\_\_\_

**Assumption of Risk and Release: Refund & Cancellation Policy** – We will call as soon as possible if a class is canceled due to illness or other unforeseeable circumstances. We require one-week notice on all classes for a full refund. (½ refund with 24 hours notice). No refunds after class have started as we pay instructors and limit participation based on our registrations. Class will be cancelled if District 14 schools are closed due to weather. One child in a lesson group will be reduced to a 30minute private lesson unless we can combine groups. As a participant or as legal guardian of a participant in the Swim America Lesson Program represented by this registration form, I agree to hold harmless the City of Manitou and its officers and agents from any claim or expense that may arise due to participation in this program. My child is in good health and capable of participating in this program. I understand the potential risk of injury and agree to assume responsibility for any medical expense associated with any injury incidental to the program. The City of Manitou has my permission to use any photograph of myself/child for promotional purposes. **I have read this release and I understand its content. \*Designated merchandise only!**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Session Date \_\_\_\_\_

Time \_\_\_\_\_

**For Front Desk Use Only!**

*Staff attach a copy of the receipt to the section above and keep the framed section and give the upper part to the customer.*

Write participants name on appropriate class roster sheet. Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Type: CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ C.CARD \_\_\_\_\_