High Point Swim Club

P.O. Box 7182, Wilmington, DE 19803 | 302-475-3595 www.highpointpool.com | E-mail: highpointpoolDE@gmail.com

Swim Lesson Registration 30-minute Private Lesson rate \$25 per session

Participant(s) Information Name: DOB: Age: Name: DOB: Age: **Parent Contact Information** Relationship Name: Cell No. Alternative Phone No. Cell No. & Relationship: Emergency Contact Name: Parent Email: Who will normally bring child to lesson? Contact information should be provided above. Have you had lessons before? No If yes, please name when and where. Request for specific instructors: Medical conditions (include allergies): Preferred Day(s): Monday Tuesday Wednesday Thursday Friday Permission to Respond to Minors: In case of an emergency or incident, I (parent's name) _____ give permission to the staff of High Point Swim Club to evaluate, respond to, and notify Emergency Medical Services (EMS) if needed for (child's name) , until a parent can be notified and/or arrive at the facility. The undersigned participant or parent on behalf of their participating child agrees that engaging in any program at High Point Swim Club shall be taken at the sold risk of the participant in said program, including all consequential and incidental damages. The participant, parent and child, for their/themselves does hereby expressly release, discharge, waive, relinquish and covenants not to sue High Point Swim Club (including its Board Officers, employees and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any High Point program.

Date _____

Parent Signature _____

Child survey:

Please answer yes or no if your child can do the following:

Float:	Blow bubbles:	Kick:	Dive:
Jump:	Tread water:	Jump without holding nose:	Hold breath under water:
•	g to get out of these lessons? wim without assistance, etc.)	(i.e. swim team ready, able to dive	e, refine strokes, gain
Parent Code of Con	nduct:		
the start of th Arrive with c	e lesson. hild ready to swim. Any time	into the pool unless approved by t delays waiting for child to be rea	-
into the paidParents shoul		otice when canceling or reschedu	ling a lesson.
Payment is due at tin	ne of lesson directly to the sw	im instructor via cash, check or V	enmo.
I have read and unde	rstand all of the policies and j	procedures above on behalf of my	self and my child.
Printed Name	Sign	ature	Date