

Pine Crest Swimming

Friedt Pool (L.S. Pool) Sign Up Form, Fort Lauderdale Campus

- *Open to the Public*

Cancellations: We are not able to guarantee lesson make-ups from cancellations due to inclement weather or facility maintenance.

CLASS REGISTRATION FORM

Swimmer's Name: _____ Age: _____

Classroom Teacher (if PC student) or indicate "NON PC STUDENT": _____

AFTER SCHOOL PRE-COMP GROUP (\$90 per month)

Select Days of the Week and indicate teacher if swimmer is an enrolled PC student.

_____ Mon. and Wed. 3:00 – 3:30

_____ Tue. and Thu. 3:00 - 3:30

MORNING PARENT AND ME SWIM LESSONS (\$65 per month)

Select this class by checking below

_____ Please Call For Information (954) 776-2136

GROUP LESSONS (\$90 per month)

Indicate preferred days and time. Final enrollment depends upon instructor.

_____ Mon. and Wed.: _____ 4:00-4:30 _____ 4:30-5:00 _____ 5:00-5:30

_____ Tue. and Thur.: _____ 4:00-4:30 _____ 4:30-5:00 _____ 5:00-5:30

NOVICE SWIM TEAM (\$90 per month)

Select this class by checking below

_____ Available Monday through Thursday from 4:00 to 5:00.

ADULT FITNESS SWIMMING (\$65 per month)

_____ Please Call For Information (954) 776-2136

**** Be sure to complete the Personal Information Form (on the back) and the Indemnity Waiver Form (attached)****

(Revised September 19, 2007)

Friedt Pool (L.S. Pool) Sign Up Form, Fort Lauderdale Campus

Swim Lessons • Novice Swim Team • Open to the Public

PERSONAL INFORMATION FORM (PAGE 2)

Swimmers Name: _____ **DOB (MM/DD/YEAR):** _____

Address: _____

City, St., Zip _____

Home Phone: _____

Parent #1 Name: _____ **Parent #2 Name:** _____

P#1 Cell Phone: _____ **P#2 Cell Phone:** _____

P#1 Work Phone: _____ **P#2 Work Phone:** _____

P#1 Email: _____ **P#2 Email:** _____

MEDICAL INFO: In the space provided, list any pertinent health or medical information and instructions or special problems (allergies, drug allergies, asthma, prescriptions, etc.)

Aside from yourselves (the parents of the Swimmer), please indicate (in order) those individuals that you would like the coaches to contact should there be an emergency involving your child.

Swimmer's Doctor: _____ **Phone:** _____

Swimmer's Dentist: _____ **Phone:** _____

Insurance Co Name: _____ **Policy Holder:** _____

Subscriber ID: _____ **Group #:** _____

Insurance Co Phone: _____

Preferred Local Hospital: _____

**** Be sure to complete the Class Registration Form (on the front) and the Indemnity Waiver Form (attached)****

(Revised January 8, 2008)

RELEASE, INDEMNITY, FINANCIAL RESPONSIBILITY, AND AUTHORIZATION

Print Swimmers Name _____

I understand that all possible precautions are taken to ensure that the program and activities in the Pine Crest Swim Lessons are conducted in a safe and responsible manner. I further understand that because of the nature of the activities within the program in which I am enrolling my child, regardless of the high degree of supervision, there is a potential for injury during any activity. I recognize these risks and allow my child to participate in all activities offered in the program in which I am enrolling my child. I agree on behalf of my child and myself to assume the risks associated with all activities which occur at the Pine Crest Swim Lessons. I hereby release and agree to hold harmless Pine Crest Preparatory School, Inc., its officers, trustees, directors, employees, and agents from, and hereby waive any claim, as to any injury or other harm that may occur to my child while attending this program, or any injury or harm that may occur to me as a result of injury or harm suffered by my child. This release and indemnity agreement specifically includes but is not limited to (a) any claim of negligence or negligent supervision against Pine Crest School, its officers, trustees, directors, employees, and agents; (b) any injury or harm that may occur while a child is riding in a vehicle owned or operated by Pine Crest Preparatory School, Inc.; and (c) any injury or harm that may occur while my child is otherwise on the Pine Crest School property, before or after any of the scheduled program hours for any reason whatsoever.

I am responsible for payment of all fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expenses of the fees, each party who signs the application hereby agrees to be responsible for ALL such fees on or before the assigned due dates.

All rules, guidelines, policies, and procedures published in the Pine Crest School student handbook apply to the Swim Lessons. I understand that I will not be issued a refund if my child is suspended or dismissed due to disciplinary action. I also understand that Pine Crest Swim Lessons has a no refund policy regarding all deposits and fees. Once reservations are made and fees are paid, I realize that they are non-refundable and make-up days are unavailable. I further understand that refunds will not be issued in the event of a hurricane or tropical storm event or while storm-related repairs are made to the campus.

Pine Crest Swim Lessons is hereby granted permission to use any individual or group photographs taken during the program showing my child for publicity or brochure purposes.

THE SIGNATURES OF BOTH PARENTS ARE REQUIRED BELOW:

Parent Signature Date Parent Signature Date

