



2017 SUMMER SWIM PROGRAMS

YOUTH SUMMER SWIM LESSONS

35-minute lessons, 2-weeks, Monday - Thursday *(Friday rain day)*

PRE-SUMMER	5:15pm	5:55pm
May 15 - 25		

POST-SUMMER	5:15pm	5:55pm
Aug. 7 - 17		

CHOOSE GROUP

3 years

4 - 5yrs

6 - 7 yrs

8 yrs +

SUMMER	10:00am	10:40am	5:15pm	5:55pm
May 29 - June 8				
June 12 - 22				
June 26 - July 7 <i>(no class Tue, July 4)</i>				
July 10 - 20				
July 24 - Aug 3				

WATERBABIES *(under 3 & with parent)*

Tuesdays 6:30pm begins June 6

Wednesdays 9:30am begins June 7

Saturdays 11:15am begins June 3 or 10

SATURDAY SWIM CLINIC

10:15am Saturdays

April 22 - June 2

June 9 - July 22

SWIMMERS REGISTRATION INFORMATION

Last Name _____ First Name: _____

Member Acct #: _____ Birth Date: __/__/__ Age: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Email: _____

Address: _____ City/Zip: _____

Price: \$125/members \$155/non-members

Payment: Charge membership account

Check # _____ Cash

Credit Card

PRIVATE LESSONS PACKAGES (4 lessons) Private lessons must be PRE-ARRANGED BEFORE PAYMENT by contacting the Aquatics Department at 792-0274 Instructor booked:

4 PRIVATE Lessons with Swim Instructor (WSI-certified)
4 SEMI-Private Lessons (2-3 swimmers)

Mbr (30 min) \$110
 Mbr (30 min) \$70

Non-Member (30 min) \$140
 Non-Member (30 min) \$90

4 PRIVATE Lessons with Professional (USA Certified Coach)
4 SEMI- Private Lessons (2-3 swimmers)

Mbr (30 min) \$130
 Mbr (30 min) \$90

Non-Member (30 min) \$170
 Non-Member (30 min) \$120

Questionnaire & Waiver

Children's Beginner Lessons Questionnaire

Have you taken swimming lessons with Franco's before? _____ Last completed level? _____

How old is your child? _____ Does your child go to day care or school? _____

Child's swim experience: ___ Total Beginner ___ Some Experience No Strokes

___ Some Strokes needs to needs to learn Rhythmic breathing ___ Can 1 length of the pool with side breathing

Does your child have any separation anxiety? _____ Is your child comfortable in the water? _____

Can your child put his/her face in the water? _____ If yes, In bath tub? _____ In pool? _____

Does your child respond better to a more firm teaching style, or a more relaxed teaching style?

Describe your child's personality: _____

Franco's Athletic Club, being a private club, is only to be used by members and their guests. If I am not a member, I understand that I only have access to the pool area, locker rooms and Grill area for my child immediately prior to, during, or after the swim lesson and that I, or my child, cannot use any other part of the club unless it is being used for this program. The undersigned desires to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, its owners, agents, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child of the undersigned, or the undersigned's property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. The undersigned also acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Furthermore, the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms the he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand.

Signature of Parent _____

Date _____

SIGNATURE _____ DATE: _____

PRINTED NAME OF MINOR CHILD _____ PHONE # _____