



SWIM LESSON REGISTRATION FORM

Swim Lesson Rates 2019 (Session 2): Observed Holiday: Memorial Day (*Monday/Wednesday classes pro-rated*)

MILITARY

- Monday/Wednesday **\$52**
- Tuesday/Thursday **\$58**
- Saturday **\$35**
- Pre-Swim Team **\$58**
- Private Lessons **\$128**
- Semi-Private Lessons **\$182**

VETERAN

- Monday/Wednesday **\$66**
- Tuesday/Thursday **\$73**
- Saturday **\$44**
- Pre-Swim Team **\$73**
- Private Lessons **\$137**
- Semi-Private Lessons **\$191**

CIVILIAN

- Monday/Wednesday **\$77**
- Tuesday/Thursday **\$85**
- Saturday **\$51**
- Pre-Swim Team **\$85**
- Private Lessons **\$146**
- Semi-Private Lessons **\$200**

LAST NAME (Participant):	FIRST NAME (Participant):	DOB:	AGE:
LEVEL:	LESSON DAY(S):	LESSON TIME(S):	
LAST NAME (Parent/Guardian):	FIRST NAME (Parent/Guardian):	PRIMARY PHONE:	
ADDRESS:		SECONDARY PHONE:	
CITY/STATE/ZIP:		EMAIL:	
EMERGENCY CONTACT NAME:	RELATIONSHIP TO PARTICIPANT:	PHONE:	

SWIM LESSON WAIVER, RELEASE, TERMS AND CONDITIONS: I fully understand that my/my child's participation in the programs/classes listed below, exposes me/my child to the risk of personal injury, death or property damage. I hereby acknowledge that I/my child am/is voluntarily participating in this class and agree to assume any such risks. I hereby release, discharge and agree not to sue the United States, State of California, State of California Military Department, California Army National Guard, Joint Forces Training Base, and their respective officers, agents, employees, personnel and volunteers, for any injury, death or damage to or loss of personal property arising out of or in connection with the MWR Aquatic Training Center swim lessons program, participation in any and all activity associated with the JFTB ATC from whatever cause, including the active or passive negligence of any other person at the JFTB ATC. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the program/class, I hereby agree, for myself, my heirs, administrators, executors, assigns, and agents that I shall indemnify and hold harmless United States, State of California, State of California Military Department, California Army National Guard, California State Military Reserve, Joint Forces Training Base, and their respective officers, agents, employees, personnel and volunteers, from any and all claims, demands, actions or suits arising out of or in connection with my participation in the class. I also grant my irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of myself/my child. I further certify that said person/minor is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to myself/my child by a physician or hospital selected by staff for any injury or incident arising out of or connect with this class. Parents/Guardians are required to stay in pool area for the entire duration of the class. Refund & Make-up Class Policy: All refund requests will be subject to review by supervisor and a \$5.00 per participant, per class, service fee will be issued. A refund may be issued due to illness or injury of participant; documentation will be requested. Any requests to withdraw from a class must be submitted one week prior to the start date/first class. Make-up lessons will not be offered for holidays; these months will be prorated. Missed lessons will not be credited or refunded. MWR reserves the right to cancel a class due to low participation; registrants will receive a full refund. I HAVE CAREFULLY READ THIS WAIVER, RELEASE, TERMS AND CONDITIONS, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PARENT'S/LEGAL GUARDIAN'S/PARTICIPANT'S SIGNATURE:

X

DATE: _____

OFFICE / STAFF USE ONLY: STAFF INITIALS _____ RECEIPT # _____ MasterCard Visa Discover AMEX

TOTAL PAYMENT: \$ _____ CASH CHECK # _____ CREDIT/DEBIT CARD _____ (last four digits)

MILITARY ID:	VETERAN ID:
<input type="checkbox"/> CAC ID <input type="checkbox"/> DoD ID LOG # _____	<input type="checkbox"/> DD-214 <input type="checkbox"/> DoD ID <input type="checkbox"/> Driver's License <input type="checkbox"/> VIC <input type="checkbox"/> VHIC LOG # _____