

# Hallett Center of Crosby

## Private Swim Registration Form

### General Information

Parent Name: \_\_\_\_\_ Are you a Hallett member? Yes ☐ No ☐

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Participant Information

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male ☐ Female ☐

Level of swimming experience:

- ☐ 1: First timer/ Not comfortable in the water
- ☐ 2: For introducing fundamental skills. Can hold breath underwater
- ☐ 3: For developing fundamental skills. Proficient in floating and can do some beginning strokes
- ☐ 4: For building confidence and stroke refinement.

Allergies/ Conditions : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### Program Registration

Private Swim lessons are in 30-minute sessions. Please put down at least two dates and times you would be available for swimming lessons. The first one listed being your preferred. This is a request for coverage, and it depends on the availability of our instructors. We will be in contact with you to find a time that works for both parties.

Number of Private Swim Lessons you would like to sign up for: \_\_\_\_\_ @ \$30 each

Private Swim Lesson Date/ Time(s) you are available:

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

Date: \_\_\_\_\_ Lesson Start Time: \_\_\_\_\_

## Liability Release

I acknowledge and understand that participating in the selected activity and using the Hallett Center equipment creates a risk of injury for my child. In consideration for participating, I agree to defend and indemnify the Hallett Center, its employees and agents from all claims for damages arising out of my child's use of the Hallett Center and his/her participation in Hallett Center Programs. I further waive all claims against the Hallett Center, its employees and agents for cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of Hallett Center facilities and equipment. Participants registering hereby permit the taking of photos, audio, and videotape during the Hallett Center of Crosby activities for publication and use as the facility seems appropriate.

## Emergency Medical Authorization

I give the Hallett Center of Crosby permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Hallett Center. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the Hallett Center to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and / or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will make every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

## Cancellation and Refund Policy

Classes/ services require a 24hr cancellation via phone/email unless otherwise stated. Failure to notify of cancellation in a timely manner may result in the surrender of participation spot or service being provided. The Hallett Center may close any part, or all, of the facility at any given time with or without notice. During the duration of any closure, you may be responsible for the full amount of your dues and fees. These situations will be handled by management on a case-by-case basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Person(s) authorized to pick up your child

*Your child will not be released to anyone else unless permission is given in writing by you, adults picking up the child may need a photo ID.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

-----FOR STAFF-----

Payment Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_