



Fall 2025

Small Group Swim Lessons

Registration Form

General Program Information

Starts Tuesday, September 16th; Tuesdays & Thursdays for 3 weeks: 6 45-min lessons

Must be 4 and up and toilet trained with independent use

Start times all levels: 2:30p / 3:30p / 5:00p

\$125 for all 6 lessons

Classes are subject to cancellation if there are less than 4 participants. Schedule is subject to change

Personal Information

Parent Name : _____

Phone Number : _____

Email : _____

Mailing Address : _____

Preferred Lesson Start Time : _____

Participant Information

Child Name : _____

Male ☐ Female ☐

Date of Birth (4 +) : _____

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 / beginning strokes
- ☐ 4: For building confidence and stroke refinement

Please see back >

Health History

Please answer the following questions:

Yes No

☐☐

Has your child's doctor ever said he/she has heart trouble?

☐☐

Does he/she often feel faint or have dizzy spells?

☐☐

Does your child have bone or joint problems that may be aggravated by exercise?

☐☐

Does your child have seizures, epileptic, or similar conditions?

☐☐

Does your child take any medications? If yes, please list:

☐☐

Does your child have allergies? If yes, please list:

☐☐

Is there any good physical reason not mentioned here why your child should not follow any exercise activity or program?

Additional Comments:

Waiver

The undersigned parent/guardian agrees to abide by the guidelines and policies of The Hallett Center of Crosby (HCC) including the completion of the above medical questions. Failure to abide by the guidelines and policies of the Hallett Center of Crosby may be grounds for expulsion for any use of its facilities and/or programs as well as to provide restitution for any and all damages to HCC property that the child(ren) under their care may be responsible. The undersigned parent/guardian agrees that all use of HCC's facilities, services, and programs shall be undertaken at their child(ren) in their care's sole risk, and that HCC, the City of Crosby, Health Fitnesss Corportation (HFC), and each of their directors, officers, agents, shareholders partners, and employees shall not be liable for any injuries, accidents or deaths occuring to their child or the child in their care, either directly or indirectly out of utilizing HCC facilities, services and programs. The parent/guardian, by signing this waiver, acknowledges that by participating in athletic, recreational, swimming, or waterslide activities, their child or the child in their care presents him/herself and on behalf of his/her executors, adminiatrators, heirs and assigns, does hereby expressly release, discharge, waive, and relinquish not to sue HCC, the City of Crosby, HFC, their officers and agents for all such claims, demands, injuries, damages, or cause of action, with respect to sue of HCC's facility, services, and programs. After reviewing this form, HCC Management will call parent or guardian if any changes need to be made to the schedule or time selected due to the number of participants in the select time block. **No Photography or Videography permitted**

CHILD MUST BE TOILET TRAINED AND USE INDEPENDENTLY

Parent/guardian signature : _____ Date : _____