

# CAPITAL REGION FAMILY HEALTH & FITNESS



## Fall Swim Lessons

Please circle desired class:



Session	Dates	Parent/Child	Pike	Eel/Ray	Starfish	Polliwog	Guppy/Minnow	Fish/Flying Fish	Adult/Teen
Monday/ Wednesday	9/7-9/30	5:15-5:45p	11:15-11:45a; 5:15-5:45p			6:00-6:45p			10:15-11:00a; 6:00-6:45p
Tuesday/ Thursday	9/6-9/30	11:30-12:00p	10:45-11:15a; 5:55-6:25p	5:15-5:45p	6:30-7:00p		5:00-5:45p	6:00-6:45p	

### Class Format:

- Each session consists of eight 30 or 45 minutes lessons (depending on age)
- Monday/Wednesday & Tuesday/Thursday classes are twice a week for 4 weeks
- **There will not be lessons on Labor Day, Monday September 5th! The Monday/Wednesday session will begin on Wednesday September 7th and have a lesson on Friday September 9th to make up for 9/5.**

### Make-Up Policy:

All classes cancelled due to weather or pool closure will be guaranteed TWO make up lessons a session, unless extreme weather circumstances.

- For M/W & T/Th classes make up lessons will be on the Friday of that week at the same time (unless told other wise).

### Fees:

FINANCIAL AID IS AVAILABLE

Member \$60

Non-Member \$90

**Weekday Sessions Deadline: Thursday 9/1/16**

Registration after deadline is based on lesson availability and subject to a \$10 late fee.

## Registration Information

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Participant's Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Allergies, medical conditions \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

### If participant is under 18:

Father's name \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**Any other family that will be bringing your child:**

Name \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**SEE BACK!!**



# Parkway Swim Lesson Waivers

Refunds will only be given when a class is cancelled, at the Aquatic Director's discretion. Classes that are cancelled due to the weather will be subject for two make-ups on Friday of the current session. If unable to attend the registered session, a program fee credit minus a \$10 transfer fee to other programs will be awarded if cancellation is posted at Capital Region one week prior to the first day of class. Refunds will only be honored if a written doctor's excuse is submitted within 24 hours of class meeting. Refunds are subject to a \$25 administrative fee and a prorated balance for class attendance.

## Agreement

- I hereby confirm that the participant listed above is in normal health and capable of safe participation in this aquatic program. I hereby authorize the Capital Region Family Health & Fitness to obtain medical treatment for the participant listed above in the event that a parent and the emergency contact cannot be reached.
- I support the Capital Region Family Health & Fitness Philosophy, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, volunteer leadership and character development which are caring, honesty, respect and responsibility.
- I understand that the program fee must be paid and turn in with the registration form before the deadline to be able to participate. The fee is non-refundable if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the Capital Region Family Health & Fitness

Participant's Signature (Under 18 must have Guardian's Signature) \_\_\_\_\_

Date \_\_\_\_\_

## WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Capital Region Family Health & Fitness for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Capital Region Family Health & Fitness, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Capital Region Family Health & Fitness, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Capital Region Family Health & Fitness, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Capital Region Family Health & Fitness premises or in any way observing or using any facilities or equipment of the Capital Region Family Health & Fitness or participating in any program affiliated with the Capital Region Family Health & Fitness whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the Capital Region Family Health & Fitness and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Capital Region Family Health & Fitness.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.  
I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and on behalf of your minor child, release the Capital Region Family Health & Fitness, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf. **You agree that this Release is effective immediately.**

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Capital Region Family Health & Fitness USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Capital Region Family Health & Fitness IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND Capital Region Family Health & Fitness HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant \_\_\_\_\_  
(if under 18 years old, parents or legal guardians must sign below)

Participant/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGN HERE  
(All Participants)



SIGN HERE  
(Adult lessons only)



SIGN HERE  
(All Youth Lesson)

