

# SWIM LESSON REGISTRATION, SUMMER 2011

Taylor Rehabilitation and Wellness Center

202 Perry Highway

Hawkinsville, GA 31036

(478) 783-3474

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Swim Experience \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Group classes will consist of 4 lessons per session, running Monday-Thursday. Each session will last 50 minutes. The classes will be taught by an experienced, certified instructor. The children will stay active the entire class with plenty of structured time in the water with dry land skills practiced while waiting on deck for their turn. Pre-registration and payment is required. No registration will be accepted after the Friday prior to class session start date. No refunds will be honored unless cancelled one week prior to session start date. The cost is \$50.00 per person for a group lesson, which will consist of 8-10 children/adults.

Make-up classes for inclement weather or circumstances beyond control will be made up at an announced time. If your child is ill for 3 or more days with a doctor's excuse, we will make-up the lesson. **DUE TO OVERWHELMING INTEREST IN SWIM LESSONS, EACH CHILD WILL ONLY BE ALLOWED TO SIGN-UP FOR ONE CLASS AT A TIME; UPON COMPLETION OF THAT CLASS, IF SPACE IS AVAILABLE, THE CHILD CAN THEN BE REGISTERED FOR ANOTHER CLASS.**

Check Class/Session Preference:

JUNE 6 - 9

11:30-12:20 Guppie/Minnow \_\_\_\_\_

1:00-1:50 Guppie/Minnow \_\_\_\_\_

2:00-2:50 Guppie/Minnow \_\_\_\_\_

JUNE 13 - 16

11:30-12:20 Guppie/Minnow \_\_\_\_\_

1:00-1:50 Guppie/Minnow \_\_\_\_\_

2:00-2:50 Guppie/Minnow \_\_\_\_\_

JUNE 20 - 23

11:30-12:20 Mommy & Me \_\_\_\_\_

3:00-3:50 Guppie/Minnow \_\_\_\_\_

4:00-4:50 Guppie/Minnow \_\_\_\_\_

JUNE 27 - 30

11:30-12:20 Guppie/Minnow \_\_\_\_\_

1:00-1:50 Guppie/Minnow \_\_\_\_\_

2:00-2:50 Guppie/Minnow \_\_\_\_\_

JULY 5 - 8

11:30-12:20 Guppie /Minnow \_\_\_\_\_

3:00-3:50 Guppie/Minnow \_\_\_\_\_

4:00-4:50 Guppie/Minnow \_\_\_\_\_

JULY 11 - 14

11:30-12:20 Guppie/Minnow(Dolphin) \_\_\_\_\_

1:00-1:50 Guppie/Minnow \_\_\_\_\_ 2:00-

2:50 Guppie/Minnow(Dolphin) \_\_\_\_\_

JULY 18 - 21

11:30-12:20 Guppie /Minnow \_\_\_\_\_

3:00-3:50 Guppie/Minnow \_\_\_\_\_

4:00-4:50 Guppie/Minnow \_\_\_\_\_

JULY 25 - 28

11:30-12:20 Guppie/ Minnow(Dolphin) \_\_\_\_\_

1:00-1:50 Guppie/Minnow \_\_\_\_\_

2:00-2:50 Guppie/Minnow(Dolphin) \_\_\_\_\_

\*Registration will be done in order received; first come first served

To register simply complete this registration form and return with payment to Taylor Rehabilitation and Wellness Center. Participants can range from 3 years and up. Children 2 and younger will require private lessons. Private lessons and semi-private lessons are also offered throughout the summer. Prices as follows: Private-\$60.00 for 50 minutes, Semi-private-\$40.00 per student for 50 minutes. A minimum of 3 prepaid classes is required in order to take private or semi-private lessons. No one person learns at the same rate. Each person will be taught the skills at their own pace and class skills are not guaranteed.

\*Parents are welcomed to watch each session. However, we ask all parents to sit in the designated area and refrain from disturbing the class. If the parent's presence is a distraction to the child they will be asked to leave the pool area. Questions before and after each session are invited.

\*Children who are not toilet trained MUST wear swim diapers. Regular diapers will not be allowed in the pool.

I understand that in the event of an accident, illness, or medical emergency, I will be notified. In the event that I cannot be reached by telephone, I authorize any medical treatment (X-rays, examinations, prescription drugs, etc.) deemed necessary by a licensed physician for my child. The undersigned hereby releases and holds harmless Taylor Rehabilitation and Wellness Center against any and all losses, illnesses, injuries, accidents or death to the child participating in any activity with Taylor Rehabilitation and Wellness Center.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Swimmer \_\_\_\_\_

Office Use:

Date Received \_\_\_\_\_

Payment Amount \_\_\_\_\_

Payment Type \_\_\_\_\_

Pool Form Signed \_\_\_\_\_