



# Swim Academy Registration Form

(Please Print)

Swimmer's Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Is swimmer an LRAC member?  Yes  No

Swimmer's Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Is swimmer an LRAC member?  Yes  No

Primary Guardian's Name: \_\_\_\_\_

Relation to Swimmer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Secondary Guardian's Name: \_\_\_\_\_

Relation to Swimmer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Person to contact in case of emergency if guardians cannot be reached: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Room of choice: \_\_\_\_\_

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): \_\_\_\_\_

## METHOD OF PAYMENT

*The information on this page will encrypted in our computer software and the page will be shredded.*

### LRAC Club Account Option (for members only/account must be current)

Member # to be charged: \_\_\_\_\_

### Credit/Debit Card Option (Visa, MasterCard, Discover, American Express)

Name as Shown on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Number: \_\_\_\_\_

**REFUNDS**

We are unable to offer refunds for any reason. *Monthly Group Lesson* participants may request that one lesson be prorated per session.

**CANCELLATION AND RE-ENROLLMENT**

*Monthly Group Lessons* - The Aquatics Office must be notified prior to the 21st of the month for cancellation of the following month to avoid charges on your account.

*Private Lessons* - The Aquatics Office must be notified at least 24 hours prior to the appointed lesson time in order to avoid being charged for the lesson.

*Two Week Group Lessons* - Students must re-enroll for each session, if desired.

**WEATHER AND CLASS SCHEDULING**

*Monthly Group Lessons* - If it is lightning or thundering outside before or during a lesson, we will have a dry land workout. Dry land is a good time to learn water safety and work on swimming skills outside of the water. The dry land work will allow the instructor to continue through the allotted lesson time and therefore no make-up classes will be offered. If it is only raining, classes will still be held in the pool. Always come prepared to swim but if there is a possibility for dry land, you will need shoes and a shirt. In the winter months, we will follow the Little Rock School District’s inclement weather policy.

*Private Lessons* - Your instructor will contact you prior to the lesson to discuss cancellation due to inclement weather.

Classes will not be held on most holidays. The Swim Academy reserves the right to cancel, combine and/or change instructors or classes as needed.

**WAIVER STATEMENT**

I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Little Rock Athletic Club. This release includes as well LRAC officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in LRAC swim lessons. On behalf of the participant, I acknowledge the existence of risks in connection with swim activities, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

**MY SIGNATURE CONVEYS**

- I authorize the LRAC to draft my swim lesson fees as indicated;
- I understand that no refunds will be given;
- I understand and agree to follow the Swim Academy’s cancellation procedures;
- I understand the Swim Academy’s policies regarding weather and class schedule changes;
- I give my consent for my child(ren) to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child(ren) for emergency medical treatment in said situation;
- I release the LRAC from all claims my child(ren) might sustain as a result of participation in these lessons in accordance with the *Waiver Statement*.

Swimmer’s Name: \_\_\_\_\_

Swimmer’s Name: \_\_\_\_\_

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s/Guardian’s Name (please print): \_\_\_\_\_