

PAC SPLASH SWIM SCHOOL

2 week group lessons

Please fill out this form and return to PAC concierge.

CHILD'S NAME _____ D.O.B. _____ AGE _____ GENDER _____

THE CONTACT INFORMATION (BELOW) WILL ALSO BE USED AS THE EMERGENCY CONTACT UNLESS OTHERWISE SPECIFIED.

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: (CIRCLE BEST)

HOME _____ WORK _____ CELL _____

EMAIL _____

INSTRUCTOR PREFERENCE (if any): _____

SESSION PREFERENCE: (See swim lesson brochure for details)

1st Choice Session _____ @ _____ am/pm 2nd Choice Session _____ @ _____ am/pm

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos /video may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

SIGNATURE _____ DATE _____

MEMBER

PRIVATE _____ @\$165 CODE 15203

PREMIER PRIVATE** _____ @\$190 CODE 15224

SEMI-PRIVATE _____ @\$250 CODE 15204

PREMIER SEMI-PRIVATE _____ @\$270 CODE 15226

GROUP _____ @\$150 CODE 15200

COMPETITIVE _____ @\$140 CODE 15219

MOMMIE&ME _____ @\$145 CODE 15217

NON-MEMBER

PRIVATE _____ @\$205 CODE 15203

PREMIER PRIVATE** _____ @\$230 CODE 15225

SEMI-PRIVATE _____ @\$290 CODE 15205

PREMIER SEMI-PRIVATE _____ @\$310 CODE 15227

GROUP _____ @\$180 CODE 15201

COMPETITIVE _____ @\$170 CODE 15220

MOMMIE&ME _____ @\$185 CODE 15218

** CONTACT AQUATICS OFFICE FOR INFORMATION ON PREMIERE LESSONS

PAYMENT INFORMATION BELOW FOR OFFICE USE ONLY:

Amount Due: _____ Amount Paid: _____ Method of Payment: CHECK, CREDIT CARD, CASH CK#: _____

Payment Accepted By: _____ Date: _____

Revised 1/19