

PAC SPLASH SWIM SCHOOL

ONE LESSON PER WEEK FORMAT – 4 WEEK SESSIONS and
10 WEEK SATURDAY ONLY SESSIONS

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

PARENT/GUARDIAN'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBERS: (CIRCLE BEST)
HOME _____ WORK _____ CELL _____
EMAIL _____

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 there from. 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 _____

PLEASE INDICATE WHICH SESSION, DAY AND TIME BASED ON YOUR CHILD'S LEVEL.

4 WEEK SPRING - Session 1-2/28/23 – 3/25/23 _____ Session 2-3/28/23 – 4/29/23 _____
FALL - Session 3-8/8/23 - 9/2/23 _____ Session 4-9/5/23 – 9/30/23 _____

Member _____ @ \$180.00 Non-Member _____ @ \$210.00

Beginner – Ages 3 and 4

Tuesday - 4:00pm _____ 4:30pm _____
Friday - 4:00pm _____ 4:30pm _____
Saturday - 9:00am _____ 9:30am _____

Intermediate – Ages 5 and 6

Tuesday - 4:00pm _____ 4:30pm _____
Friday - 4:00pm _____ 4:30pm _____
Saturday - 9:00am _____ 9:30am _____

Advanced – Ages 7 and over.

Tuesday - 5:00pm _____
Friday - 5:00pm _____
Saturday - 10:00am _____

10 WEEK – 5/20/23 – 7/22/23 _____ **SATURDAYS ONLY**

Member _____ @ \$280.00 Non-Member _____ @ \$330.00

Beginner – Ages 3 and 4

Saturday- 9:00am _____ 9:30am _____

Intermediate – Ages 5 and 6

Saturday- 9:00am _____ 9:30am _____

Advanced – 7 and over

Saturday - 10:00am _____

***** NON-MEMBERS MUST PROVIDE A CREDIT CARD AT THE TIME OF REGISTRATION.**

PAYMENT INFORMATION BELOW FOR OFFICE USE ONLY:

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

Revised 12/2023