

PAC SPLASH SWIM SCHOOL

2 week group lessons/Private/Semi-Private

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 _____

INSTRUCTOR PREFERENCE FOR PRIVATE AND SEMI-PRIVATE (if any): _____

MEMBER	NON-MEMBER
PRIVATE _____ @\$195.00	PRIVATE _____ @\$235.00
SEMI-PRIVATE _____ @\$280.00	SEMI-PRIVATE _____ @\$320.00

TWO WEEK SESSION PREFERENCE:

MEMBER _____ @ \$180.00 NON-MEMBER _____ @ \$210.00

Session 1 - 5/8/23 – 5/18/23 _____

Beginner:	Ages 3 and 4	9:00am _____	9:45am _____	3:45pm _____	4:30pm _____
Intermediate:	Ages 5 and 6	9:00am _____	9:45am _____	3:45pm _____	4:30pm _____
Advanced:	Ages 7 and over	5:15pm _____			

Session 2-5/22/23 – 6/1/23 _____ Session 3-6/5/23 – 6/15/23 _____ Session 4-6/19/23 – 6/29/23 _____ Session 5-7/10/23 – 7/20/23 _____

Beginner:	Ages 3 an 4	9:00am _____	9:45am _____	10:30am _____	3:45pm _____	4:30pm _____
Intermediate:	Ages 5 and 6	9:00am _____	9:45am _____	10:30am _____	3:45pm _____	4:30pm _____
Advanced:	Ages 7 and over	11:15am _____	5:15pm _____			

MOMMIE & ME

MEMBER _____ @\$175.00 NON-MEMBER _____ @ \$215.00

Session 1- 5/22/23 – 5/25/23 _____ Session 2-6/5/23 – 6/8/23 _____ Session 3-6/19/23 – 6/22/23 _____

Ages 6 mos. – 2 years 12noon – 12:30pm _____

***** 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 12/23