



Swim Lesson Registration - 2010 Fall

Sept 6 - Dec 19 (15 weeks)

Fremont - Indoor
ADULT LESSONS

Current Swimmer (name/email/level)
 New Swimmer (all fields required)
 Returning Swimmer (all fields required)

Swimmer	Adult Name (First then Last)	Sex	Birth Date	Swim Level	Home Address
#1					
#2					
Billing Party or Parent Name		Home Phone	Daytime Phone		Email Address - REQUIRED
			cell / work		

For safety of swimmers, please list medical conditions the above swimmer(s) has: (i.e. asthma, diabetes, epilepsy/seizures, allergies, and etc.)

_____ (All information disclosed to Calphin will remain confidential)

Do you have Children Swimming with Calphin too? If so, please give their names and class day/time: _____

Class Selection & Payment: ----- All Fields Required -----

Adult Class Day and Levels	Starting Time *	Tuition & Fee
<input type="checkbox"/> Monday (7pm) <i>Beginner & Intermediate</i> <input type="checkbox"/> Tuesday (9am,10am) <i>All Levels</i> <input type="checkbox"/> Wednesday (7pm) <i>Intermediate & Advance</i> <input type="checkbox"/> Friday (3pm) <i>Beginner & Intermediate</i> <input type="checkbox"/> Saturday (1pm) <i>Intermediate & Advance</i> <input type="checkbox"/> Sunday (1pm,4pm,5pm) <i>Beginner & Intermediate (1pm,5pm)</i> <i>Intermediate & Advance (4pm)</i>	1 st choice:	Annual Registration Fee: \$25 <input type="checkbox"/> \$25 x _____ = \$_____
	2 nd choice:	<input type="checkbox"/> \$276 x _____ x _____ = \$_____ <i>(Once a week, # of Swimmers, # of Lessons/wk)</i>
	-NO LESSON DATE- Mon 9/6 & Thurs 11/25	<input type="checkbox"/> \$258 x _____ = \$_____ <i>(Monday & Thursday ONLY, # of Swimmers)</i>
	Office Use Only <input type="checkbox"/> Cash <input type="checkbox"/> CHK <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cpn(N) <input type="checkbox"/> Cpn(P) # _____ Amt Pd: \$ _____ Rec'd by: _____	Multi-Lesson Disc: <input type="checkbox"/> \$10 x _____ = - \$ _____ <i>(# of classes over per week per swimmer)</i> Member Disc: <input type="checkbox"/> 10% off = - \$ _____ ID# _____ <i>(Off the tuition w/ membership sustained thru end of session)</i>
		Total Amount: \$ _____

*Duration: 30min for all Bubbler classes (ratio 1:4), and all higher level classes will be one hour long.
 *Select your preferred lesson starting time: e.g. 3pm, 4pm, 1pm, 10am, or 11:30am on half hour interval for Bubbler.
 *Tuition includes \$6 insurance, processing and handling fee per swimmer, which is also applicable to mid-session drop-ins.

As a swimmer (or parent of), I have been consulted in regards to mine or my child's swim level. I am aware that adjustments might be made on/after the first lesson to place the swimmer into a swim class that fits best and is the safest. Such adjustments might include a change in level, day, or time of schedule. _____ (Initials)

Club Policy:

The registration minimum to open a class is 4 students for all levels of swim lessons (2 for Bubbler/30min lesson). The Calphin Aquatic Club will make every effort to optimize by combining adjacent levels or rescheduling classes with low enrollment. Please be aware that your requested class may be cancelled if enrollment is low and in that case a credit or refund will be issued at this time.

- No Makeup classes. Cancellations after 1st day of classes are subject to \$20 fee. Registration fee is non-refundable after the first day of the quarter.
- Self Practice will be available for any other missed classes (Self Practice is Wednesday 8p-9p and Sunday 12n-1p).
- If classes are cancelled due to pool maintenance or accidents, class credit will be issued, but no make up classes.
- First time rescheduling class is free in each session. There is a \$20 fee for changing class schedule after the 1st reschedule.
- Bounced check subjected to \$25 charge.

By signing the form below, I certify the above provided information is correct and the swimmer is in good health to swim in chlorinated water. I also confirm that we have received, understood, and will comply with all the safety rules and club policy (see website www.Calphin.com for complete policy) established by Calphin Aquatic Club (CALPHIN) (formally known as California Dolphin Swim School). I, the undersigned, understand and assume all incidental risks involved in swimming and its facility, and agree that CALPHIN cannot be held accountable for any knowledge of any medical conditions of any swimmer mentioned above that is not listed and communicated above. In case of injury to the swimmer I, the undersigned, do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations, CALPHIN, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

X
 Swimmer or Legal Guardian Signature

X
 Date