



Swim Lesson Registration - 2012 Winter

January 3 - April 1 (13 weeks)

Fremont Indoor

Pre-Bub/Youth/Teen/Adult Lessons

**DAY TIME
HAPPY HOUR
SWIM LESSONS
JUST \$14-15 PER
CLASS!**

**Aqua-Baby, Aqua-Tot,
Pre-Bubbler, Youth, Teen,
& Adult Group Lessons
Once(or more)-a-week**

Tuesday 9am-12n, 2-3p
Thursday 9am-12n,2-3p

Class Major Level	Abbreviation	Class Length
Pre-Bubbler	PRE-BUB	30 Minutes
Bubbler	BUB	30 Minutes
Crawler	CRL	45 Minutes
Glider	GLD	45 Minutes
Sprinter	SPR	60 Minutes
Racer	RCR	60 Minutes
Challenger	CHL	60 Minutes
Master	MST	60 Minutes
Elite	ELT	60 Minutes
Teen	TEEN	60 Minutes
Adult	ADT	60 Minutes

The following is a **schedule of class start times for classes:**

30 Minute Class PRE-BUB / BUB	45 Minute Class CRL / GLD	60 Minute Class SPR / RCR / CHL / MST
Tue & Thu 9:00-9:30am	Tue & Thu 9:00-9:45am	Tue & Thu 9:00-10am
Tue & Thu 9:30-10:00am	Tue & Thu 9:45-10:30am	Tue & Thu 10:00-11am
Tue & Thu 10:00-10:30am	Tue & Thu 10:30-11:15am	Tue & Thu 11:00-12n
Tue & Thu 10:30-11:00am	Tue & Thu 11:15-12noon	Tue & Thu 2:00-3pm
Tue & Thu 11:00-11:30am	Tue & Thu 2:15-3:00pm	x
Tue & Thu 11:30-12noon	x	x
Tue & Thu 2:00-2:30pm	x	x
Tue & Thu 2:30-3:00pm	x	x

The registration minimum to open a class is 4 students for all levels of swim lessons (2 for Bubbler/30 min lesson). 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 CALPHIN will work with you to place you in your other time choices. There is a possibility that Happy Hour swimmer will have to move to regular group lesson and the price difference will have to be paid. If other day/time choice is not an option then credit or refund will be issued.

Step 1 Fill Out Swimmer & Personal Information New Swimmer (all fields required)
 Current Swimmer (name/email/level) Returning Swimmer (all fields required)

	Name (First then Last)	Sex	Birth Date	Swim Level
#1				
#2				
#3				
Parent Contact Name (First then Last)			Home Address	
Parent Cell Phone Number				
Home Phone Number				
Email Address - REQUIRED				

For safety of swimmers, please list medical conditions/disabilities the above swimmer(s) has (i.e. asthma, diabetes, epilepsy/seizures, ADD/HD, etc.). This will help CALPHIN staff better assist you/your child(ren) in case of an emergency:

(All information disclosed to Calphin will remain confidential)

Step 2 Select Your Preferred Swim Schedule Check Age Group and fill in the class start day/time choices (see the class time table to the left for CRL/GLD start times).

Class (Age) Group	Day Selection	Preferred Day/Time
<input type="checkbox"/> Aqua-Baby (6mos - 1.5yo) <input type="checkbox"/> Aqua-Tot (1.5yo - 3yo) <input type="checkbox"/> Pre-Bubbler (2.5yo - 5yo) <input type="checkbox"/> Youth :: BUB - MST <input type="checkbox"/> Teen (10 y+ @ BUB/CRL) <input type="checkbox"/> Adult BEG, INT, ADV	<input type="checkbox"/> Tuesday (9-12n,2-3p) <input type="checkbox"/> Thursday (9-12n,2-3p)	1 st Choice: 2 nd Choice: 3 rd Choice:

Note: If you have a current swimmer without a "proposed swim level", register the child(ren) for the current level. If your child is borderline a new level with a different time length (like BUB3 to CRL1 or GLD3 to SPR1) then give time choices for both levels (i.e. 9:30 am BUB & 9:45am CRL).

Tuition, Fees, and Payment

AQ-BB, AQ-TT, PRE-BUB, BUB, CRL, GLD Prices	SPR, RCR, CHL, MST, ELT, TEEN, ADT Prices
\$188 (\$14/class)	\$201 (\$15/class)

Tuition & Fee (Office Use ONLY)	
Annual Registration Fee: \$25 <input type="checkbox"/> \$25 x _____ = \$ _____	No Holidays
AQ-BB, AQ-TT, PRE-BUB, BUB, CRL, GLD Tuition: <input type="checkbox"/> \$188 x _____ x _____ - proration (14 x _____) = \$ _____ <small>(Tuition x number of swimmers x times/per week)</small> SPR, RCR, CHL, MST, ELT, Teen, ADT Tuition: <input type="checkbox"/> \$201 x _____ x _____ - proration (15 x _____) = \$ _____ <small>(Tuition x number of swimmers x times/per week)</small>	
DISCOUNTS:: <input type="checkbox"/> Member Disc: ID# _____ 10% off = - \$ _____ <small>(Off the tuition ONLY w/ membership sustained through end of session)</small> <input type="checkbox"/> Multi-Lesson Discount \$10 x _____ = - \$ _____ <small>(# of classes over once per week per swimmer)</small>	PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> CHK # _____ <input type="checkbox"/> Visa # _____ <input type="checkbox"/> MC # _____ <input type="checkbox"/> Debit # _____ <input type="checkbox"/> CLBCR Amt: _____ <input type="checkbox"/> Cpn(N) <input type="checkbox"/> Cpn(P)
Total Amount Due: \$ _____	Amt Pd: \$ _____ Rec'd by: _____ STAFF COMMENTS:
Additional Payment	
<input type="checkbox"/> Date/ Initial: _____ Reason for payment : _____ Calculation: _____ Amount/Method: _____	
<input type="checkbox"/> Date/ Initial: _____ Reason for payment : _____ Calculation: _____ Amount/Method: _____	

Note: Tuition includes \$6 processing and handling fee per swimmer per class session, which is also applicable to mid-session drop-ins.

Step 3

*****Aqua-Baby & Aqua-Tot Swimmers must sign the Safety Rules Agreement**

Step 4 Read, Initial, Sign and Date

As a swimmer (or parent of), I have been consulted in regards to mine (or my child's) swim level & mentioned health condition(s). 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)

I give Calphin Aquatic Club full permission to take pictures/videos of my child(ren) listed above for marketing only purposes. I understand that the pictures taken will be used by Calphin Aquatic Club only and will not be distributed to other parties. _____ (Initials)

Club Policy (Please read before signing):

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.

- **No Makeup classes.** Cancellations on and after 1st day of session (1/2/11) are subject to \$20 fee. Registration fee is non-refundable if cancelled on/after the first day of the session.
- Self Practice will be available for any other missed classes (Self Practice is Wednesday 8p-9p and Sunday 12n-1p). Self Practice times are only permitted for currently enrolled students.
- **If a class is missed per the request of a doctor then a doctor's note must be submitted within two weeks of first missed class to receive credit towards immediately following session.** (Examinations, check-ups, dental hygiene appointments do NOT count as excused absences and self practice will be issued)
- Only self practice will be issued for classes missed due to female menstruation.
- If your child's level changes causing a price adjustment you will be contacted and the rate adjustment will be collected on or before the first day of class.
- If classes are cancelled due to pool maintenance or accidents, class credit or self-practice will be issued, but no make up classes.
- First time permanent change of class schedule is free in each session. There is a \$20 fee for changing class schedule after the 1st reschedule.
- Bounced check subjected to \$25 charge.
- Pictures are not allowed until the last day of class. No videos are allowed at any time.

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 (CALPHIIN) (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
Parent or Legal Guardian Signature

_____ X
Date

Office Use ONLY	Date Stamp _____
(Date/ Initial) Roster _____	Double Check _____ ICP _____