

franco's

flippers

SWIM CLINIC



TUESDAY & THURSDAY

August 23 - October 20

5:30pm - 6:30pm

Become a faster swimmer this Fall!

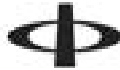
Experience Franco's proven and highly successful learning progression. Focused on **TECHNIQUE** then builds on **ENDURANCE** and **SPEED**. You will be ready to join the year-round **FINS Swim Team** or next year's **Schooner's Summer Swim Team!**

Ages 5 and up
9 weeks / 18 sessions

\$160/Franco's members
\$195/guests

Prerequisites: Ages 5 and up, must be able to swim the length of the pool (25 yards)

programregistration@myfrancos.com | 985-792-0205
online at francosmandeville.com. No refunds.



FALL FLIPPERS Swim Clinic

Swimmer's Name: _____

Date of Birth: _____ Age: _____

Cell Phone: _____ Email: _____

If non-member, Address: _____

Program Payment, no refunds

_____ \$160 member _____ \$195 guests

_____ Charge my member account _____ Check _____ Credit Card _____ Cash

Clinic policies: Sorry, no refunds. Clinic is Tue/Thu nights only, there will be no make-up dates. _____ Initials

For Office Use:	Payment Method	Account Holders Int'l's _____
_____ Check (Make checks payable to Franco's Athletic Club)	_____ Credit Card Please Circle: Visa MC AMEX Disc	
_____ Membership Charge Account # _____	C.C. Number _____ Exp. _____	

Club Waiver Release

All signed participants desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child, of the undersigned, or the undersigned property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. Furthermore the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. The undersigned acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Participant Signature _____ Date: _____