



Summer Group Swim Lessons

Swimming Ability Questionnaire

1. Does your child have any fears of the water? ☐ Yes ☐ No
2. Can your child put their face in the water? ☐ Yes ☐ No
3. Can they float on their stomach? ☐ Yes ☐ No
4. Can they doggy-paddle? ☐ Yes ☐ No
5. Any previous swim lesson experience? ☐ No ☐ Yes, *from Franco's*? ☐ Yes ☐ No
6. What swim strokes do they know? ☐ Freestyle ☐ Backstroke ☐ Breaststroke ☐ Butterfly

Program Payment

☐ \$160 member ☐ \$195 guests

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

Rain Out Days: If it rains Mon – Thu then the “rain out make up day” will be a Friday. If it rains out more than one day we will make arrangements as best we can to accommodate the missed days. ***Sorry, no refunds!** **Intl'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: _____



Date

Times

- | | | | |
|---|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> May 8 – 18 | <input type="checkbox"/> 5:15pm | <input type="checkbox"/> 5:55pm | |
| <input type="checkbox"/> May 22 – June 1 | <input type="checkbox"/> 10am | <input type="checkbox"/> 10:40am | <input type="checkbox"/> 5:15pm <input type="checkbox"/> 5:55pm |
| <input type="checkbox"/> June 5 – 15 | <input type="checkbox"/> 10am | <input type="checkbox"/> 10:40am | <input type="checkbox"/> 5:15pm <input type="checkbox"/> 5:55pm |
| <input type="checkbox"/> June 19 – 29 | <input type="checkbox"/> 10am | <input type="checkbox"/> 10:40am | <input type="checkbox"/> 5:15pm <input type="checkbox"/> 5:55pm |
| <i>No swim lessons July 3 - 7</i> | | | |
| <input type="checkbox"/> July 10 – 20 | <input type="checkbox"/> 10am | <input type="checkbox"/> 10:40am | <input type="checkbox"/> 5:15pm <input type="checkbox"/> 5:55pm |
| <input type="checkbox"/> July 24 – Aug 3 | <input type="checkbox"/> 10am | <input type="checkbox"/> 10:40am | <input type="checkbox"/> 5:15pm <input type="checkbox"/> 5:55pm |
| <input type="checkbox"/> Aug 7 – 17 | <input type="checkbox"/> 5:15pm | <input type="checkbox"/> 5:55pm | |

\$160/members
\$195/non-members
35-min swim lessons
Mon – Thu lessons
Friday – rain day if needed

Select Age Group ☐ 3 yrs ☐ 4-5 yrs ☐ 6-7 yrs ☐ 8+ yrs

Swimmer's Name _____ DOB _____

☐ Franco's Member ☐ Not a Franco's Member (+\$35 guest fees)

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Email _____

Address _____ City, St, Zip _____