



2025

FRANCO'S SPRING FLIPPERS SWIM CLINIC



**MARCH 18 -
MAY 8**

**5:30pm - 6:30pm
Tuesday & Thursday**

Experience Franco's proven and highly successful learning progression.

This program is focused on

TECHNIQUE then builds on **ENDURANCE** and **SPEED**.

Your child will be ready to join the year-round FINS Swim Team or this year's Schooner's Summer Swim Team that starts mid May!

8 weeks (16 sessions) | **Franco's Members (\$170)** | **Guests (\$205)**

Prerequisites: Ages 5 and up.

Must be able to swim the length of the pool (25 yards).



Swimmer's Name: _____ Age ____ DOB: _____

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Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

Address: _____

Email: _____

CLINIC DATES

Tuesday and Thursdays at 5:30 - 6:30pm

March 18 - May 8

PROGRAM FEES + PAYMENT METHOD

MEMBER: \$170/ member (if on family membership) x ____ kids = MEMBER FEES \$ _____

NON-MEMBERS: ADD \$35 / child x ____ kids = NON-MBR ADD ON FEE \$ _____

TOTAL AMOUNT TO CHARGE \$

Franco's House Acct to draft at monthly billing time

Cash Check (payable to Franco's Athletic Club, # _____)

Credit/Debit Card Please Circle: Visa MC AMEX Disc

C.C. Number _____ Exp. _____ CVV: _____

CLINIC 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: _____