



# **SHARKS** **SWIM FAC TEAM**

**FAC Sharks Swim Team swims year-round. We bubble and heat our lap pool during the winter allowing for year round swimming. Our team trains during the winter and competes during the summer. If you are looking for a way to improve your swim strokes while also being part of a fun team, then FAC Sharks just may be for you!**

## **PRACTICE SCHEDULE:**

Monday - Thursday 5:00 - 6:00 PM

Inclement weather make up practice is offered on Friday, weather permitting.

## **SWIM TEAM PROGRAM COST:**

MEMBERS: \$65 per month

NON-MEMBERS: \$75 per month

## **PRIVATE SWIM LESSONS - 30 MINUTES**

5 PACK OF PRIVATE LESSONS

MEMBERS: \$125 (\$25 per lesson)

NON-MEMBERS: \$145 (\$29 per lesson)

## **QUESTIONS?**

Call us: (479) 587-0500 extension 266

Email: [Aquatics@fayac.com](mailto:Aquatics@fayac.com)



## FALL/ WINTER 2019 AQUATICS REGISTRATION FORM

SWIMMER'S NAME:	SWIMMER BIRTHDATE:
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	<b>MEMBERSHIP STATUS (CIRCLE ONE)</b>	
	<input type="checkbox"/> ACTIVE MEMBER <input type="checkbox"/> GUEST	

STREET ADDRESS	CITY	STATE	ZIP
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PRIMARY CAREGIVER NAME	PHONE NUMBER	EMAIL
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SECONDARY CAREGIVER NAME	PHONE NUMBER	EMAIL
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EMERGENCY CONTACT NAME	RELATIONSHIP:	PHONE NUMBER:
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### PRIVATE LESSONS

<b>5 PACK - PRIVATE LESSONS</b> MEMBER RATE: \$125 / GUEST RATE: \$145		<b>PREFERRED INSTRUCTOR:</b>
PREFERRED DAY: CIRCLE ONE OR MORE MON TUE WED THU FRI SAT		PREFERRED TIME: CIRCLE ONE MORNING AFTERNOON EARLY EVENING



**MEMBERS: \$65 PER MONTH /GUESTS: \$75 PER MONTH**

**PRACTICE TIMES: MONDAY - THURSDAY 5:00 - 6:00 PM**

#### CHECK DESIRED MONTHS

AUG 15-31	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
MBR: \$32.50 GUEST: \$37.50								

#### PAYMENT METHOD

VISA	AMEX	MC	DISCOVER	CARD NUMBER	EXP DATE
USE CARD ON FILE? (CIRCLE ONE) YES    NO	CHECK ATTACHED	CHECK NUMBER	CASH: \$		

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), including its agents, servants, and employees, from such claims resulting from injury, damages or loss sustained during the participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above cannot be reached.

Signature of parent/guardian or participant (if 18+ years of age):	Date:
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