



SWIM LESSON REGISTRATION FORM FALL 2020



PARTICIPANT'S NAME:				DATE OF BIRTH: (children only)			
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SWIM EXPERIENCE (CHECK ONE)	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>	SOME SWIMMING WILL PLACE HEAD UNDER WATER	<input type="checkbox"/>	INTERMEDIATE	<input type="checkbox"/>	ADVANCED	<input type="checkbox"/>	SWIM TEAM AND/OR NEEDS STROKE IMPROVEMENT ONLY
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Participant's Street Address				City:		State:		Zip:	
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Primary Caregiver Name:		email:		Relationship		Cell phone:		Work phone:	
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Secondary Caregiver Name:		email:		Relationship		Cell phone:		Work phone:	
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Emergency Contact Name:		email:		Relationship		Cell phone:		Work phone:	
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Medical Emergency Information	<input type="checkbox"/>	Epi-Pen/ Epinephrine Antihistamine	<input type="checkbox"/>	Rescue Inhaler	<input type="checkbox"/>	Diabetic Insulin	Other: (please specify)			
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PRIVATE SWIM LESSONS - PACKAGE INCLUDES 5, 30 MINUTE PRIVATE LESSONS

PRIVATE LESSONS	PREFERRED DAYS: CIRCLE YOUR PREFERENCE				MEMBER \$125	GUEST \$145	
	TUE	WED	THU	FRI			SAT
CIRCLE PREFERRED TIME OF DAY:				NAME OF PREFERRED INSTRUCTOR (IF APPLICABLE):			
MORNING				AFTERNOON		EVENING	

SHARKS SWIM TEAM

Sharks Swim Team practices Tuesday/ Thursday 10:00 - 11:00 AM and Monday-Friday 5:00-6:00 PM.
All meets/practices are optional. The monthly fee includes all meets/practices within the month.

SEPTEMBER 2020	OCTOBER 2020	MEMBER \$60	GUEST \$75
NOVEMBER 2020	DECEMBER 2020	MEMBER \$60	GUEST \$75
FAC SHARKS SWIM TEAM SHIRT & CAP BUNDLE - \$15.00		FAC SHARKS SWIM TEAM SHIRT - \$12.00	
FAC SHARKS SWIM CAP \$8.00			
SWIM STROKE VIDEO ANALYSIS - INCLUDES 2 FILM SESSIONS, 2 ANALYSIS SESSIONS AND 3 PRIVATE LESSONS		MEMBER \$200	GUEST \$240

SIBLING DISCOUNT \$5 PER CHILD FOR THE 2nd, 3rd, 4th and 5th children in the same family. May not be combined with any other discounts.

METHOD OF PAYMENT:

CREDIT CARD	CARD #	Expiration date:
CHECK ATTACHED	Check #	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 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 can not be reached.

Signature of Parent or Guardian or participant if 18 years or older:	Date:
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FOR INTERNAL USE ONLY: PRIVATE LESSON ASSIGNED TO:	Date:
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