

## **Welcome to the City of Terrell Learn To Swim Registration 2011**

*By registering a student into the City of Terrell's Learn-to-Swim program you are agreeing to the following rules and regulations.*

1. Anyone arriving more than 15 minutes late to class will not be admitted to class.
2. Only students who are registered will be admitted to class. Anyone who is not on the roll sheet or does not have a receipt for the class will not be admitted. Please bring receipt on the first day of class.
3. For the safety of your children, only those actively participating in the program are permitted inside the enclosed pool area. All others (parents, siblings, etc.) are welcome to observe from a designated area.
4. Parents of preschoolers **MUST** remain at the pool for the entire length of the lesson.
5. Parents or guardians of the students must be at the pool by the end of class. Children will not be supervised when not in class.
6. Babysitting is not provided for children. Please make appropriate provisions for siblings.
7. Proper swimming attire (Lined-Swimsuit) is required. No board shorts or cut offs!
8. The Learn-to-Swim supervisor must be given advance notification of a student's physical or mental conditions that may impact the Learn-to-Swim activities.
9. **NO REFUNDS WILL BE GIVEN AFTER THE FIRST DAY OF CLASS.** If you must transfer to another class, please notify the City of Terrell at least 7 days prior to the class start date (a \$10.00 non refundable transfer fee will be charged per transfer). Transfer will not be permitted if you fail to contact us at least 7 days in advance. **REFUNDS** will be given only if you submit a request for a refund in writing at least one week prior to the first day of class. A \$10.00 processing fee will be deducted from your refund. Refund requests received less than 7 days prior to the start of class will be eligible for a 50% refund of the class fees.

# City of Terrell Learn to Swim Aquatic Swim Program

## Incident Waiver Form

### Adult

I certify I am physically and mentally able to take part in the Swim Program activities.

### Minor

I give permission for my child to participate in the City of Terrell Swim Program, and I certify that my child is physically and mentally able to take part in the Swim Program activities.

I have read (along with my child) and understand the Pool Rules and Regulations. I will abide by all rules and regulations governing this activity (and so will my child and the parent(s) or guardian(s) attending lessons).

In case of an emergency I give the City of Terrell staff permission to seek emergency care and transportation for myself (or my child) through the local emergency medical services system if needed.

I understand this activity and the risks involved, and that staff AND volunteers teach the classes. I further understand that any financial responsibility for injuries is mine and must be covered by myself or by my own insurance.

In consideration for being allowed to participate in the City of Terrell Learn to Swim Program, I do hereby release and discharge the City of Terrell, its assignees, officers, agents, employees, volunteers, and officials and their successors from any and all liability for personal injury (including death), emotional distress or loss of support that may be incurred or resulting from my (or my child's) participation in the City of Terrell Learn to Swim Program, except where the same is caused by the willful misconduct of the City of Terrell, its employees or agents.

Participant's Signature (Over 18 yrs of age) \_\_\_\_\_

Child (Children's) Name(s) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Student will not be admitted into class without this signed form.**

**\*\*\*Your signature means that you have read, understand and agree to the registration process including cancellation policy, refund policy, pool rules & regulations, accident waiver, and Emergency Information form.\*\*\***

## Emergency Information

In case of emergency contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

# Learn to Swim 2011 Registration Form

(Please Print)

Student ID #
Date of Payment:
Payment Method:
Entered into LMS:

Student's Name: \_\_\_\_\_ Gender: M/F Previous Student: Y/N  
(Last, First)

Student's Name: \_\_\_\_\_ Gender: M/F Previous Student: Y/N  
(Last, First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student (First Name)	Session	Class (Level)	Time Preferred	Alternate Time Choice	SI# Office Use

**Total Payment Amount: \$** \_\_\_\_\_

**Method of Payment:**

Cash     Check # \_\_\_\_\_     Visa     Master Card

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp** \_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**I agree to the payment above, and I also understand the refund and transfer policy.  
Students are not enrolled until payment is received. Enrollment is subject to availability.**

[learntoswim@cityofterrell.org](mailto:learntoswim@cityofterrell.org)

**City of Terrell Learn to Swim Program P.O. Box 310 (972)551-6669 Fax: (972)551-6620**

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