



Flagler County Schools/ Flagler Technical College

Community Education SWIM LESSON Registration Form

Please print clearly. Completion of the registration process is required for each participant PRIOR to the Program start date. Registration process includes submittal of this form and full payment of all applicable fees.

*Participant Full Name: _____ AGE: _____ Date of Birth: ___/___/___

Please check one: _____ MALE _____ FEMALE ALLERGIES: _____

*PARENT/Guardian Name: _____

*ADDRESS: _____ City/State: _____

*HOME PHONE: _____ CELL PHONE: _____

*EMAIL ADDRESS (Mandatory) : _____

To be completed by staff:

*Class Title: _____ Instructor: _____

*Class Session # _____ Group or Private: _____

Class Cost: (\$125 / 6 lessons) _____ Date Paid: _____ Method/Receipt # _____

Day, Date and Time of lessons: _____

Waiver, Release and Indemnification

I, or my child _____, will be participating the class indicated above. I will not hold Flagler School Board, administration, employees or the instructor liable or responsible for any injury or loss which may occur during the class. I further certify that I, or my child are in good health and physically able to participate in this class.

Occasionally, photos and/or videos may be taken of the class in session to be used for exhibitions, publicity, advertising, promotional and commercial materials. I DO _____ I DO NOT _____ wish photos/videos of me and/or my child be used.

As the participant or parent of the participant of the class indicated above, I agree to abide by all rules & regulations posted and/or stated by staff and/or instructors while on the property.

As the participant or parent/guardian registered in the class I understand that if I or my child cannot attend a scheduled Session, I must contact the Belle Terre Swim & Racquet Club or the instructor 24 hours in advance of the scheduled session. If notice is NOT given, the class will not be rescheduled.

We invite you, your child and your guests to stay and swim after the session for a \$4.00 pp admission fee daily.

Signature of Participant or Parent/Guardian

Date

STUDENT NAME: _____

IMPORTANT SWIM LESSON INFORMATION

- Classes that do not meet the minimum participant requirement will be combined or cancelled. Refunds will be issued if a class is cancelled due to not meeting the minimum participant requirement.
- There are NO Refunds, prorated class fees, credits or rescheduling of sessions due to a student's inability to attend a scheduled session.
- 24- hour notice MUST be given if a participant cannot attend any session. If 24-hour notice is NOT given, the session will NOT be rescheduled.
- We reserve the right to cancel a session due to inclement weather, pool or equipment issues, or if a large event prohibits space for swim lessons; in which case the session will be rescheduled.
- ALL students will be tested at the first lesson to ensure proper level placement. We reserve the right to move students to their correct levels.
- Parents/ Guardians are required to remain at the BTSRC during their child(ren)'s lessons.
- Swim diapers are required for non-toilet trained students.
- To swim after the scheduled session: students, parents/guardians and any other visitor accompanying them must pay the daily \$4.00 / pp Admission Fee
- We advise that young children do NOT eat -at least one hour before each lesson/session and use the restroom just prior to entering the pool.
- We advise that all swim lesson participants wear a sun-shirt and goggles.
- We advise all swim lesson participants bring water to drink during each lesson/session.

I have read and understand the stated information above:

Signature

Date: