



Vector Aquatic Center SWIM LESSONS



Registration Form

Parent/Guardian Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Where did you hear about us? _____

1st Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Prior swim experience: _____

Parent expectations/comments: _____

Does your child have asthma, allergies, seizures, or any other medical condition that could be adversely affected by exercise or swim lessons? If yes, please explain: _____

2nd Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Prior swim experience: _____

Parent expectations/comments: _____

Does your child have asthma, allergies, seizures, or any other medical condition that could be adversely affected by exercise or swim lessons? If yes, please explain: _____

Emergency Contact: _____ Phone _____

Vector Aquatic Center ● 3289 Edgewood Rd, Eureka ● (707) 441-9262 ● www.vectorpt.org

Fee Schedule

Group lessons (AquaTots & Aqua Kids) -\$60 per child / 6 lessons

Parent & Me lessons (Aqua Babies) -\$50 per child / 6 lessons

Private -\$60 per child/3 lessons (\$20 per lesson); Single -\$30 per child; Semi-private (2 children) -\$80/3 lessons (\$27 per lesson)

Aqua Babies

Infants and Toddlers

Parent & Me

Ages: 6 months – 2 & # years

Aqua Tots

Levels: 1, 2 & 3

Preschool/Kindergarten

Ages: 3 to 5 years

Aqua Kids

Kindergarten and up

Levels: 1, 2 & 3 Ages: 5 years and older

VECTOR AQUATIC CENTER SWIM LESSON POLICIES

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IT EXPLAINS THE RISKS YOU ARE ASSUMING BY BEGINNING AN EXERCISE PROGRAM. IT IS CRITICAL YOU READ AND UNDERSTAND THIS FORM COMPLETELY BEFORE SIGNING.

1. I understand and agree that swim lessons should never replace adult supervision.
2. If my child comes under a physician's care during the course of instruction at Vector Aquatic Center, I understand and agree that it is my responsibility to notify the office before the start of class/lesson.
3. I understand that if my child is under a physician's care while in swim lessons, I must provide Vector Aquatic Center with a Doctor's Release note permitting my child to participate in lessons.
4. I understand that due to operational costs, swim lessons are non-refundable. In case of medical emergencies, credit for future lessons will be extended to customers.
5. If my child misses a class, a make-up may be scheduled, at the instructors discretion, for a fee of \$10.00.
6. On the rare occasion that lessons may be cancelled due to inclement weather, holidays, or other unforeseeable circumstances, I will be able to reschedule the lesson(s) without any additional fees.
7. I understand that lesson times may need to be altered due to the availability of the pool.
8. I agree that while I have a child under the age of three years attending swim lessons at Vector Aquatic Center, they must wear a washable Health Department approved swim diaper.
9. I understand that my child(ren) is not enrolled until a Registration Form is completed and tuition is paid in full. All tuition must be paid prior to the beginning of each session. There will be a \$35.00 fee charged for each returned check from the bank.
10. I allow my child's image to be used in any and all promotional photographs, videos, or websites. ___yes ___no

WAIVER & COVENANT NOT TO SUE

I, _____, have volunteered to participate in a program of physical water exercise under the direction of Vector Rehabilitation. In consideration, Vector agrees to instruct, assist, and train me. I do here and forever release and discharge and hereby hold harmless Vector, and their respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom.

ASSUMPTION OF RISK

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack and, in rare instances, death. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a social life.

I recognize that an examination by a physician should be obtained prior to involvement in any exercise program. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with Vector, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risk associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Parent/Guardian Signature (PRINTED NAME) Date

FOR OFFICE USE ONLY:	
Students Name: #1 _____	#2 _____
Start Date: _____	Lesson Type: _____
Funds received: _____	Date _____
Payment Type: Check (#) _____	Cash _____ Credit Card # _____ Exp. _____ CID _____