

PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT ENROLLED. PLEASE PRINT CLEARLY.

PRIVATE SWIM LESSON REGISTRATION FORM

Participant Name (Last) (First) Member (Yes/No)

Date of Birth (MM/DD/YYYY) Gender (Boy/Girl) How did you hear about Starfish Swim School?

Parent/Guardian's Name (Last) (First) (Cell Phone) (Home Phone)

Address (Street) (City) (Zip)

E-Mail (Parent/Adult) (FOR PROGRAM UPDATES AND INFORMATION)

Emergency Contact Name (Last) (First) (Phone Number)

Does your child have any medical or learning difficulties we should know about?

STEP 1: Select Swim Level:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> White
Afraid of water, cannot swim, or will not get face wet. | <input type="checkbox"/> Red
Enjoys water, gets face wet, jumps in, but cannot swim without support. | <input type="checkbox"/> Yellow
Not afraid, can float, can jump in and return to surface. | <input type="checkbox"/> Blue
Can swim under water or on surface for 10 feet, can get occasional breath. | <input type="checkbox"/> Green
"Integrated Movement" Can almost put breath and strokes together. |
|--|--|---|--|--|

STEP 2: Select Private Lesson Option Below:

- ONE 30-MINUTE LESSON - \$25 FOUR 30-MINUTE LESSONS - \$90

Missed Swim Lesson Policy: PRIVATE LESSONS are made by appointment. Once Woodloch Springs has confirmed with you the day and time of your lesson(s), you are responsible for respecting that time period. If you must miss a private lesson, please notify the Springs Sports Complex at: (570) 685-8143 a minimum of 24 hours in advance. Lessons will be rescheduled based on availability. If you are late, you will receive instruction only for the time remaining.

(CONTINUED ON BACK→)

STEP 3: Indicate total payment and method of payment:

TOTAL PAYMENT DUE:

(NO REFUNDS FOR MISSED CLASSES)

- CASH
 CHECK
 CREDIT/DEBIT

SIGNATURE: _____

STEP 4: Release of Liability:

I, the undersigned, recognize that the use of the equipment and the facilities of Woodloch Springs Sports Complex involves a risk of physical injury, including that caused by the negligence of myself and Woodloch Springs Sports Complex, its agents and employees. I hereby agree to assume the risk of injury in its entirety regardless of the cause.

I agree to assume the risk in my own participation in any activity, class, program, instruction, or the Woodloch Springs Sports Complex sponsored event. I agree that if I engage in any physical exercise or activity or use any Woodloch Springs Sports Complex facility or any of its affiliates or related entities, I do so at my own risk and assume the risk or any and all injury and/or damage while engaging in any physical exercise or activity or use of any club facility on the premises.

I agree that I am voluntarily participating in the aforementioned activities and voluntarily using the Woodloch Springs Sports Complex facilities. I agree to assume all risk of injury, illness damage, or loss to me or my property that might result, including, without limitation, any loss or theft of any personal property, injuries or damages that might result from the negligence of Woodloch Springs Sports Complex or any of its affiliates, employees, agents, representatives, successors, and assigns.

By signing this consent form, I agree that I am in good physical condition and there is nothing preventing me from engaging in active or passive exercise or from any activity or service offered by the Woodloch Springs Sports Complex. **I allow for photographs taken while at the complex, to be used for marketing purposes unless otherwise indicating in writing prior to publication of the damages.**

I agree on behalf of myself and all of my personal representatives, heirs, executors, administrators, agents, and assigns to release and discharge Woodloch Springs Sports Complex and its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action known or unknown arising out of the negligence of Woodloch Springs Sports Complex or any of its affiliates, employees, agents, representatives, successors, and assigns. I further expressly agree that the foregoing release of liability agreement is intended to be as broad and inclusive as permitted by the law in the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS **RELEASE OF LIABILITY** AND FULLY UNDERSTAND THAT IT IS AN ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS **RELEASE OF LIABILITY**, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST WOODLOCH SPRINGS SPORTS COMPLEX OR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES.

I am aware that pictures or video of my child may be taken at The Woodloch Springs Sports Complex and posted on our website, Facebook or Instagram. These pictures will be used solely for the purpose of illustrating the activities at The Woodloch Springs Sports Complex. I agree that I shall have no claim against The Woodloch Springs Sports Complex as a result of the posting of these pictures. I hereby waive all rights of privacy or compensation in connection with these pictures.

Participant Name: _____

Date: _____

For more information, contact the Sports Complex at (570) 685-8143