



WELCOME TO...

**AQUATIC TIMES SWIM ACADEMY–
SEMI-PRIVATE FALL 2010 COMPETITIVE STROKE CLINIC
...Where warm water, individual attention and fun are the norm!
(ALAMO)**

We're so glad you've chosen to swim with us! Now let's get acquainted:

How did you hear about us?_____

What summer team do you swim with?_____

Swimmer 1's name/age_____DOB_____

Swimmer 2's name/age_____DOB_____

Swimmer 3's name/age_____DOB_____

Street Address_____

Mailing Address if different_____

E-Mail Address_____

Dad's Name_____Work Phone_____

Mom's Name_____Work Phone_____

Dad's occupation_____ Mom's occupation_____

Home Phone_____ Cell #(dad)_____ Cell #(mom) _____

Why did you choose our clinic?_____

What are your (and/or your child's/children's) hopes/expectations of this clinic for your child/children?_____



Aquatic Times
Swim Academy

7-24-10

**AQUATIC TIMES SWIM ACADEMY-
SEMI-PRIVATE FALL INTENSIVE COMPETITIVE STROKE CLINIC**

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, (print name) _____, the parents/guardian of the swimmer(s), _____, registered in the Aquatic Times Swim Academy clinic/lesson program acknowledge swimming and diving can be hazardous activities. We further recognize there are risks inherent in these sports, including, but not limited to paralyzing injuries and death. We hereby, agree to participate in this program and, therefore also agree to hold Aquatic Times Swim Academy owners, instructors, directors, employees, agents and/or officers free and harmless from any liability for personal injuries or damages your participant, yourself and anyone else who accompanies you/them may incur during practice, meets and any other clinic/lesson activities, including, but not limited to transportation. I further agree to indemnify Aquatic Times Swim Academy for any damages incurred arising from any claims, demand, action or cause of action by the participant, parents, guardians, guests and anyone else who accompanies you/them.

In case of emergency, in our absence, and if our family Dr. is not able to be reached, I authorize an Aquatic Times Swim Academy representative to approve medical care, and give our permission to use the closest medical facility. I agree to pay all costs associated with medical care and transportation for the participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signature _____ Date _____

Dr.'s Name and # _____

Health Insurance Co. _____

Policy # _____ Group # _____ Insured's Name _____

Alternate Contact person (relationship & phone#) _____

Is there anything we need to know about your child's health, medical conditions, mental or physical limitations/disabilities, medications, temperament, allergies, etc.?

925-387-0816

www.aquatictimes.com

E-mail – at@aquatictimes.com

Mailing address: 762 Shell Ave. #6 - Martinez, CA. 94553

Pool location - 3169 Round Hill Rd., Alamo, CA.



ROUND HILL COUNTRY CLUB

3169 Round Hill Rd., Alamo, CA.

FULL RELEASE AND INDEMNIFICATION

For and in consideration of my child(ren)'s _____

_____.

participation in AQUATIC TIMES SWIM ACADEMY (ATSA) CLINICS/LESSONS (swim and/or dive/start types) and any social activities, the undersigned parents or guardians consent to the above named child(ren)'s participation at Round Hill Country Club. We acknowledge and understand the nature of the activities and the associated risks of participation in the ATSA programs. We hereby release and forever discharge the members, officers and employees of Round Hill Country Club from any potential liability claims, actions or causes of action resulting from their negligent acts or omissions resulting in any accident or injury to said child(ren) during going to or coming from ATSA activities. We also agree to indemnify, defend and assume all expenses, costs, attorney's fees and losses arising from any injury or accident to said child(ren) and to hold harmless Round Hill Country Club, its members, officers and employees from any claims arising there from.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



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AQUATIC TIMES SWIM ACADEMY- CLINICS

CANCELATION OR UNUSED CLINIC/LESSONS POLICY: (READ CAREFULLY)

If at anytime for whatever reason a clinic is not completed as scheduled due to your decision, ATSA will NOT refund any part of the session(s) fees, as we have scheduled a coach and still have to pay that coach AND because we scheduled your child(ren) in a specific time slot and, in some cases, have not allowed another swimmer on our waiting list to have that time slot. The only exception is for catastrophic event or severe, debilitating illness or physical inability.

You are assigned specific days and time slots based on your needs or our availability. If you are late, we can only teach within that time slot assigned to you. We CANNOT carry over into the next class time in order to give your child their full time allotment.

No make-ups are available in the case of clinics, group or semi-private lessons. Therefore, no refunds are available for missed classes. Make-ups are only available for **private lesson** participants **IF** the swimmer's and instructor's schedules can be matched up, but is not always a given, so please **DO NOT EXPECT** make-up lessons or a refund for missed private classes. However, if ATSA directors/instructors cancel lessons, an effort will be made to set up make-up classes, or refunds will be given if you are not able to schedule make-ups lessons.

I, _____ (print name), parent/guardian of

[swimmer(s) name(s)] _____ (print),
have read thoroughly the above policies, agree with and will abide by them.

Signature _____ Date _____

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AQUATIC TIMES SWIM ACADEMY– SEMI-PRIVATE FALL INTENSIVE OMPETITIVE STROKE CLINIC

SCHEDULE/FEEES - DRASTICALLY REDUCED FEES!!!!

DAYS – 1, 2, 3, 4 day stroke clinics- your choice!

*PLUS, we've added **Friday Endurance groups** for a very small fee for intermediate and advanced swimmers! **AND... our swimmers can swim Fall Swim Meets!! Ask us how to register for those.***

1 hr. Intermediate endurance group= \$60/10wks.

1 ½ hrs. Advanced endurance group- \$90/10wks

NOTE: Regular clinic attendees have first priority for the endurance groups.

DATES – September 14 (Wed.)-November 20, 2010 (*NOTE: We will go through Dec. 19 for swimmers who will be attending meets.*)

COST, TIMES for 2 days p. wk.-

Begining & Adv. Beg. Competitive (30 min. groups, up to only 4 swimmers p. group/coach!)

Begin.- 3:30-4, 4:40-5:10 Adv. Beg.- 4:05-4:35, 5:15-5:45 (other times will be added if needed)

1 day-\$80/swimmer 2 day-\$160/swimmer 3 day-\$240/swimmer 4 day- \$320

Intermediate & Advanced (1 hr., up to 8 swimmers p. group/coach)

Interm.- 3:30-4:30, 4:35-5:35 Adv.- 5:50-6:50 (2 groups of 8)

1 day-\$120/swimmer 2 day-\$240/swimmer 3 day-\$360/swimmer 4 day- \$480

EXTRA ADMIN. FEE- \$10 p. family

DISCOUNT-

10% for siblings

PLEASE NOTE –

~A \$50 non-refundable deposit p. child AND your family clinic admin. fee of \$10 must be sent in to hold your child's/children's clinic spot(s) within a week after scheduling their clinic. The deposit (not the admin. fee) will go toward your clinic fees. Please READ the **Cancellation/Unused Clinic Sessions Policy** to understand and be clear about it.

~Clinics will be conducted even in soft (not hard) rain & mildly cold or windy weather, unless we notify you. If there is any question in your mind, please call us. Be assured we will get swimmers out of the pool immediately if thunder sound is too near, and especially if we see lightning. (NOTE: We reserve the right to cancel clinics for bad weather days. In that case, you can choose a refund OR reschedule if there are openings OR put the money toward another future clinic or lesson.)

~**There are NO MAKE-UPS for classes missed nor refunds for this clinic**, so please try to attend each class, as it is to your child's advantage and in their best interest for stroke improvement.

~We have a **NO PARENTS, SIBLINGS OR GUESTS IN POOL AREA** policy. Parents and guests/family members may sit in designated waiting area. We encourage you to watch and listen to the coaches and swimmers, but **DO NOT speak to your child(ren) or coach during class time.**

~**There is no urinating in the pool.**

~**VERY IMPORTANT** – Please **MAKE SURE your child has gone to the bathroom before class** so they won't miss what is being taught. Please also feed them **PROTEIN, fruit and water about a half hr. before class.** Protein calms/balances them, helping them to be more focused/attentive; fruit and water aid in non-cramping; all 3 promote good muscle health, as well.

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AQUATIC TIMES SWIM ACADEMY Media Form

The owners of Aquatic Times Swim Academy (ATSA), Gordon and Debbie Johnson, are also owners of Aquatic Times online newszine which covers aquatic sports, athletes, coaches and other happenings in and around Contra Costa County primarily. It is viewed in 60+ countries and has a very large readership. From time to time they like to post photos of and info about the participants of ATSA. Gordon and Debbie prefer to get permission of those participants who are under 18 years of age. If you don't mind your child appearing in AT (www.aquatictimes.com), please complete the information needed and sign below.

My child may appear in Aquatic Times (AT) online newszine until I otherwise notify AT.

(Circle below what you are comfortable with having appear about your child(ren) in AT.)

- 1. photo
- 2. name and
- 3. information

Signature _____ Date _____

Print your name _____

Relationship to the child(ren) _____

Name(s) of child(ren) _____

Name(s) of child(ren) _____

Name(s) of child(ren) _____

Name(s) of child(ren) _____

Name(s) of child(ren) _____

Name(s) of child(ren) _____

